



Reg No: MH/THA/NA073

**Patient Name:** MR . MAYUR R. KAMBLE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 29/10/2025

**IPD ID:** IPD/04/11/2025  
**Receipt No.:** IPD-IPD/04/11/2025  
**UH ID:** AH/10/2025/79  
**Discharged Date:** 05/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	29/10/2025 - 05/11/2025	7 days	43400
2	Registration	29/10/2025	1	500
3	HGT	29/10/2025	1	100
4	Dressing charges (minor)	30/10/2025, 31/10/2025, 01/11/2025, 02/11/2025, 03/11/2025, 04/11/2025, 05/11/2025	12	3600
5	ECG	29/10/2025	1	500
6	CHEST X-RAY	29/10/2025	1	1000
7	ORTHO VISIT	01/11/2025	1	1500
8	Dr.Sumedh(Single Room)	31/10/2025, 01/11/2025, 02/11/2025, 03/11/2025, 04/11/2025, 05/11/2025	6	7200
			<b>Paid Amount</b>	<b>57800</b>
			<b>Grand Total</b>	<b>57800</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority