



Reg No: MH/THA/NA073

**Patient Name:** SUHASHINI KRISHNA PARAB  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 12/11/2025

**IPD ID:** IPD/28/11/2025  
**Receipt No.:** IPD-IPD/28/11/2025  
**UH ID:** AH/11/2025/24  
**Discharged Date:** 15/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	12/11/2025 - 16/11/2025	4 days	17200
2	Registration	12/11/2025	1	500
3	O2	12/11/2025, 13/11/2025, 14/11/2025	3	6000
4	NEBULISATION	12/11/2025, 13/11/2025, 14/11/2025, 15/11/2025	10	1500
5	HGT	12/11/2025	1	100
6	2D ECHO	13/11/2025	1	3000
7	PHYSIO VISIT	13/11/2025, 14/11/2025, 15/11/2025	5	2500
8	Dietitian visit	14/11/2025	1	700
9	Dr.Sumedh(Triple Sharing)	12/11/2025, 13/11/2025, 14/11/2025	3	3000
10	ECG	12/11/2025	1	500
11	CHEST X-RAY	12/11/2025	1	1200
12	EMERGENCY CHARGES	12/11/2025	1	1500
13	CARDIOLOGIST VISIT	13/11/2025	1	1000
				Discount 1700
				Paid Amount 37000
				Grand Total 38700

**Payment Mode:** Online

Patient Signature

Hospital Authority