



Reg No: MH/THA/NA073

**Patient Name:** MRS. ASHA MORE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 04/10/2025

**IPD ID:** IPD/18/10/2025  
**Receipt No.:** IPD-IPD/18/10/2025  
**UH ID:** AH/08/2025/31  
**Discharged Date:** 07/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	04/10/2025 - 07/10/2025	3 days	12900
2	Registration	04/10/2025	1	500
3	VEINFLOW	04/10/2025	1	200
4	ECG	04/10/2025	1	500
5	Dr.Sumedh(Triple Shar- ing)	04/10/2025, 06/10/2025, 07/10/2025	3	3000
6	HGT	04/10/2025	1	100
Discount				1200
Paid Amount				16000
Grand Total				17200

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority