



Reg No: MH/THA/NA073

Patient Name: KALAIARASI BALAN
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 02/11/2025

IPD ID: IPD/24/11/2025
Receipt No.: IPD-IPD/24/11/2025
UH ID: AH/11/2025/08
Discharged Date: 10/11/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|------------------------------|-------------------------|--------------------|--------------|
| 1 | Room Charge For Twin Sharing | 01/11/2025 - 11/11/2025 | 10 days | 57000 |
| | | | Discount | 57000 |
| | | | Paid Amount | 0 |
| | | | Grand Total | 57000 |

Payment Mode: Cash

Patient Signature

Hospital Authority