



Reg No: MH/THA/NA073

**Patient Name:** MRS. SUVARNA SANDEEP MORE

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 24/08/2025

**IPD ID:** IPD/56/08/2025

**Receipt No.:** IPD-IPD/56/08/2025

**UH ID:** AH/08/2025/51

**Discharged Date:** 25/08/2025

### Billing Details

| No | Description                    | Date       | Qty                | Amount      |
|----|--------------------------------|------------|--------------------|-------------|
| 1  | Room Charge For Triple Sharing | 24/08/2025 | 1 day              | 4300        |
| 2  | Registration                   | 24/08/2025 | 1                  | 500         |
| 3  | ECG                            | 24/08/2025 | 1                  | 500         |
| 4  | HGT                            | 24/08/2025 | 1                  | 100         |
| 5  | Dr.Sumedh(Triple Shar-<br>ing) | 25/08/2025 | 1                  | 1000        |
| 6  | VEINFLOW                       | 24/08/2025 | 1                  | 200         |
|    |                                |            | <b>Paid Amount</b> | <b>6600</b> |
|    |                                |            | <b>Grand Total</b> | <b>6600</b> |

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority