



Reg No: MH/THA/NA073

**Patient Name:** MAINADEVI SINGH  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 20/08/2025

**IPD ID:** IPD/45/08/2025  
**Receipt No.:** IPD-IPD/45/08/2025  
**UH ID:** AH/08/2025/41  
**Discharged Date:** 20/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	20/08/2025	1 day	4300
2	DEBRIDEMENT CHARGES	20/08/2025	1	5000
3	HGT	20/08/2025	1	100
Discount				1400
Paid Amount				8000
Grand Total				9400

**Payment Mode:** Cash

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

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