



Reg No: MH/THA/NA073

**Patient Name:** MR. SHUBHAJIT GHOSHROY

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 27/08/2025

**IPD ID:** IPD/65/08/2025

**Receipt No.:** IPD-IPD/65/08/2025

**UH ID:** AH/08/2025/58

**Discharged Date:** 01/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	27/08/2025 - 31/08/2025	4 days	17200
2	Room Charge For Twin Sharing	31/08/2025 - 02/09/2025	2 days	11400
3	Registration	27/08/2025	1	500
4	VEINFLOW	27/08/2025	1	200
5	HGT	27/08/2025	1	100
6	ECG	27/08/2025	1	500
7	CHEST X-RAY	27/08/2025	1	1000
8	Dr.Sumedh(Triple Sharing)	27/08/2025, 28/08/2025, 29/08/2025, 30/08/2025	4	4000
				<b>Discount</b> 1400
				<b>Paid Amount</b> 33500
				<b>Grand Total</b> 34900

**Payment Mode:** Online

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Patient Signature

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Hospital Authority