



**Patient Name:** MISS. SRUSHTI SHINDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 16918062025  
**Receipt No.:** IPD-16918062025  
**Admitted Date:** 18/06/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	18/06/2025 - 24/06/2025	6 days	34200
2	HGT	18/06/2025	1	100
3	NEPHROLOGIST VISIT	18/06/2025, 19/06/2025	2	4000
4	Dietitian visit	23/06/2025	1	700
5	Registration	18/06/2025	1	500
6	BEDSIDE XRAY/EMERGENCY XRAY	18/06/2025	1	1200
7	Dr.Sumedh(Twin Sharing)	19/06/2025, 20/06/2025, 21/06/2025, 22/06/2025	4	4800
Discount				4300
Grand Total				41200

**Payment Mode:** Cash

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

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