



Reg No: MH/THA/NA073

**Patient Name:** MR. ASHOK SAWARDEKAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 22/08/2025

**IPD ID:** IPD/49/08/2025  
**Receipt No.:** IPD-IPD/49/08/2025  
**UH ID:** AH/08/2025/45  
**Discharged Date:** 08/12/2026

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	22/08/2025 - 24/08/2025	2 days	8600
2	Registration	22/08/2025	1	500
3	VEINFLOW	22/08/2025	1	200
4	HGT	22/08/2025	1	100
5	ECG	22/08/2025	1	500
6	CHEST X-RAY	22/08/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	23/08/2025, 24/08/2025	2	2000
Paid Amount				12900
Grand Total				12900

**Payment Mode:** Online

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Patient Signature

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Hospital Authority