



Reg No: MH/THA/NA073

**Patient Name:** SWASTI PARAB  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 09/09/2025

**IPD ID:** IPD/36/09/2025  
**Receipt No.:** IPD-IPD/36/09/2025  
**UH ID:** AH/09/2025/29  
**Discharged Date:** 13/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	09/09/2025 - 13/09/2025	4 days	17200
2	Registration	09/09/2025	1	500
3	HGT	09/09/2025	1	100
4	ECG	09/09/2025	1	500
5	VEINFLOW	09/09/2025	1	200
6	Dr.Sumedh(Triple Sharing)	10/09/2025, 11/09/2025, 12/09/2025, 13/09/2025	4	4000
				<b>Paid Amount</b> 22500
				<b>Grand Total</b> 22500

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority