



**Patient Name:** MR. VISHAL GUPTA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 24418072025  
**Receipt No.:** IPD-24418072025  
**Admitted Date:** 17/07/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	17/07/2025 - 20/07/2025	3 days	12900
2	Registration	17/07/2025	1	500
3	HGT	17/07/2025	1	100
4	VEINFLOW	17/07/2025	1	200
5	Dietitian visit	18/07/2025	1	700
6	ECG	17/07/2025	1	500
7	CHEST X-RAY	18/07/2025	1	1000
8	Dr.Sumedh(Triple Shar- ing)	18/07/2025, 19/07/2025, 20/07/2025	3	3000
Discount				900
Grand Total				18000

**Payment Mode:** Online

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Patient Signature

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Hospital Authority