



Reg No: MH/THA/NA073

**Patient Name:** VIJAYA VILAS BOMBALE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 07/10/2025

**IPD ID:** IPD/24/10/2025  
**Receipt No.:** IPD-IPD/24/10/2025  
**UH ID:** AH/10/2025/20  
**Discharged Date:** 09/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	07/10/2025 - 09/10/2025	2 days	8600
2	Registration	07/10/2025	1	500
3	VEINFLOW	07/10/2025	1	200
4	HGT	07/10/2025	1	100
5	ECG	07/10/2025	1	500
6	CHEST X-RAY	07/10/2025	1	1000
7	NEBULISATION	07/10/2025, 08/10/2025, 09/10/2025	7	1050
8	Dr.Sumedh(Triple Shar- ing)	07/10/2025, 08/10/2025, 09/10/2025	3	3000
Paid Amount				14950
Grand Total				14950

**Payment Mode:** Online

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Patient Signature

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Hospital Authority