



**Patient Name:** BHARTI POTDAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 19302072025  
**Receipt No.:** IPD-19302072025  
**Admitted Date:** 01/07/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	01/07/2025 - 03/07/2025	2 days	8600
2	Registration	01/07/2025	1	500
3	VEINFLOW	01/07/2025	1	200
4	HGT	01/07/2025	1	100
5	Dietitian visit	02/07/2025	1	700
Discount				4300
Grand Total				5800

**Payment Mode:** Online

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

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