



**Patient Name:** BHARATI N. SHINDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 21208072025  
**Receipt No.:** IPD-21208072025  
**Admitted Date:** 06/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/07/2025 - 13/07/2025	7 days	30100
2	Room Charge For Single Room	13/07/2025 - 17/07/2025	4 days	24800
3	Registration	06/07/2025	1	500
4	VEINFLOW	09/07/2025	1	200
5	O2	06/07/2025, 07/07/2025, 08/07/2025, 09/07/2025, 10/07/2025, 11/07/2025, 14/07/2025	7	14000
6	MONITOR	09/07/2025, 10/07/2025, 11/07/2025, 13/07/2025, 14/07/2025, 15/07/2025	6	6000
7	NEBULISATION	06/07/2025, 07/07/2025, 08/07/2025, 09/07/2025, 10/07/2025, 11/07/2025, 12/07/2025, 13/07/2025	43	6450
8	HGT	06/07/2025, 07/07/2025, 08/07/2025, 09/07/2025, 10/07/2025, 11/07/2025, 12/07/2025, 13/07/2025, 14/07/2025, 15/07/2025, 16/07/2025	100	10000
9	INFUSION PUMP	10/07/2025	1	1000
10	CATHETERISATION	09/07/2025, 15/07/2025	2	3000
11	PHYSIO VISIT	07/07/2025, 08/07/2025, 09/07/2025, 10/07/2025, 11/07/2025, 12/07/2025, 16/07/2025	9	4500
12	NEPHROLOGIST VISIT	07/07/2025, 11/07/2025	2	4000
13	Dietitian visit	09/07/2025	1	700
14	ECG	06/07/2025	1	500
15	BEDSIDE XRAY/EMERGENCY XRAY	06/07/2025, 11/07/2025, 16/07/2025	3	3600
16	Dr.Sumedh(Triple Sharing)	07/07/2025, 08/07/2025, 09/07/2025, 10/07/2025, 11/07/2025, 12/07/2025	7	7000
17	Dr.Sumedh(Twin Sharing)	14/07/2025, 15/07/2025	2	2400

