



Reg No: MH/THA/NA073

**Patient Name:** MR. PRATAP SUDHAKAR DEHERKAR

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 08/08/2025

**IPD ID:** IPD/20/08/2025

**Receipt No.:** IPD-IPD/20/08/2025

**UH ID:** AH/08/2025/19

**Discharged Date:** 10/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	08/08/2025 - 10/08/2025	2 days	8600
2	Registration	08/08/2025	1	500
3	VEINFLOW	08/08/2025	1	200
4	HGT	08/08/2025	1	100
5	NEBULISATION	08/08/2025, 09/08/2025, 10/08/2025	6	900
6	Dietitian visit	08/08/2025	1	700
7	ECG	08/08/2025	1	500
8	CHEST X-RAY	08/08/2025	1	1000
9	Dr.Sumedh(Triple Sharing)	08/08/2025, 09/08/2025, 10/08/2025	3	3000
				<b>Paid Amount</b> 15500
				<b>Grand Total</b> 15500

**Payment Mode:** Online

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Patient Signature

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Hospital Authority