



Reg No: MH/THA/NA073

**Patient Name:** MEENAKSHI RAO  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 09/09/2025

**IPD ID:** IPD/28/09/2025  
**Receipt No.:** IPD-IPD/28/09/2025  
**UH ID:** AH/09/2025/27  
**Discharged Date:** 12/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	09/09/2025 - 12/09/2025	3 days	12900
2	Registration	09/09/2025	1	500
3	HGT	09/09/2025	1	100
4	ECG	09/09/2025	1	500
5	VEINFLOW	09/09/2025	1	200
6	CHEST X-RAY	09/09/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	09/09/2025, 10/09/2025, 11/09/2025, 12/09/2025	4	4000
Paid Amount				19200
Grand Total				19200

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority