



**Patient Name:** MRS. UJJWALA MAHAJAN  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 19402072025  
**Receipt No.:** IPD-19402072025  
**Admitted Date:** 02/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	01/07/2025 - 04/07/2025	3 days	12900
2	Registration	02/07/2025	1	500
3	VEINFLOW	02/07/2025	1	200
4	Dietitian visit	02/07/2025	1	700
5	BLOOD TRANSFUSION	02/07/2025, 03/07/2025	2	3000
6	HGT	02/07/2025	1	100
				<b>Discount</b> 5400
				<b>Grand Total</b> 12000

**Payment Mode:** Online

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Patient Signature

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Hospital Authority