



Reg No: MH/THA/NA073

**Patient Name:** MRS. PRIYANKA GAIKWAD  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 24/08/2025

**IPD ID:** IPD/54/08/2025  
**Receipt No.:** IPD-IPD/54/08/2025  
**UH ID:** AH/08/2025/49  
**Discharged Date:** 31/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	24/08/2025 - 31/08/2025	7 days	30100
2	Registration	24/08/2025	1	500
3	VEINFLOW	24/08/2025	1	200
4	HGT	24/08/2025	1	100
5	ECG	24/08/2025	1	500
6	CHEST X-RAY	24/08/2025	1	1000
7	Dietitian visit	24/08/2025	1	700
8	Dr.Sumedh(Triple Shar- ing)	24/08/2025, 25/08/2025, 26/08/2025, 27/08/2025, 28/08/2025, 29/08/2025, 30/08/2025	7	7000
Discount				2100
Paid Amount				38000
Grand Total				40100

**Payment Mode:** Online

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Patient Signature

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Hospital Authority