



Reg No: MH/THA/NA073

**Patient Name:** MRS . SUNITA GOMARE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 28/07/2025

**IPD ID:** IPD/06/08/2025  
**Receipt No.:** IPD-IPD/06/08/2025  
**UH ID:** AH/07/2025/73  
**Discharged Date:** 02/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	28/07/2025 - 03/08/2025	6 days	37200
2	Registration	28/07/2025	1	500
3	VEINFLOW	28/07/2025	1	200
4	Dietitian visit	28/07/2025	1	700
5	ECG	28/07/2025	1	500
6	CHEST X-RAY	28/07/2025	1	1000
7	HGT	28/07/2025, 29/07/2025, 30/07/2025, 31/07/2025, 01/08/2025, 02/08/2025	17	1700
8	Dr.Sumedh(Single Room)	29/07/2025, 30/07/2025, 31/07/2025, 01/08/2025, 02/08/2025	5	6000
			<b>Paid Amount</b>	<b>47800</b>
			<b>Grand Total</b>	<b>47800</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority