



Reg No: MH/THA/NA073

**Patient Name:** SEJAL PARIT  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 30/08/2025

**IPD ID:** IPD/73/08/2025  
**Receipt No.:** IPD-IPD/73/08/2025  
**UH ID:** AH/08/2025/68  
**Discharged Date:** 31/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	29/08/2025 - 31/08/2025	2 days	11400
2	Registration	30/08/2025	1	500
3	EMERGENCY CHARGES	30/08/2025	1	1500
4	VEINFLOW	30/08/2025	1	200
5	HGT	30/08/2025	1	100
6	INFUSION PUMP	30/08/2025	1	1000
7	ECG	30/08/2025	1	500
8	CHEST X-RAY	30/08/2025	1	1000
9	Dr.Sumedh(Twin Sharing)	31/08/2025	1	1200
				<b>Paid Amount</b> 17400
				<b>Grand Total</b> 17400

**Payment Mode:** Online

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Patient Signature

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Hospital Authority