



**Patient Name:** MR. SURESH PAWAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 22512072025  
**Receipt No.:** IPD-22512072025  
**Admitted Date:** 11/07/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	11/07/2025	1 day	4300
2	HGT	11/07/2025	1	100
3	VEINFLOW	11/07/2025	1	200
4	ECG	11/07/2025	1	500
5	Dr.Sumedh(Triple Sharing)	12/07/2025	1	1000
6	Registration	11/07/2025	1	500
Grand Total				6600

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority