



**Patient Name:** SATYAM KACHI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 23917072025  
**Receipt No.:** IPD-23917072025  
**Admitted Date:** 16/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	16/07/2025 - 20/07/2025	4 days	17200
2	Registration	16/07/2025	1	500
3	HGT	16/07/2025	1	100
4	Dietitian visit	18/07/2025	1	700
5	ECG	16/07/2025	1	500
6	CHEST X-RAY	16/07/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	17/07/2025, 18/07/2025	2	2000
Discount				6000
Grand Total				16000

**Payment Mode:** Online

---

Patient Signature

---

Hospital Authority