



Reg No: MH/THA/NA073

**Patient Name:** ASMITA ANIL KHAMBE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 04/09/2025

**IPD ID:** IPD/16/09/2025  
**Receipt No.:** IPD-IPD/16/09/2025  
**UH ID:** AH/09/2025/15  
**Discharged Date:** 05/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	04/09/2025 - 06/09/2025	2 days	11400
2	Registration	04/09/2025	1	500
3	VEINFLOW	04/09/2025	1	200
4	HGT	04/09/2025	1	100
5	CHEST X-RAY	04/09/2025	1	1000
Discount				1200
Paid Amount				12000
Grand Total				13200

**Payment Mode:** Cash

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

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