



Reg No: MH/THA/NA073

**Patient Name:** MRS. ALKA KISHOR JOSHI

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 30/10/2025

**IPD ID:** IPD/98/10/2025

**Receipt No.:** IPD-IPD/98/10/2025

**UH ID:** AH/10/2025/81

**Discharged Date:** 01/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	30/10/2025 - 01/11/2025	2 days	11400
2	Registration	30/10/2025	1	500
3	HGT	30/10/2025	1	100
4	Dietitian visit	31/10/2025	1	700
5	ECG	30/10/2025	1	500
6	CHEST X-RAY	30/10/2025	1	1200
7	2D ECHO + CONSULT-ING	30/10/2025	1	3500
8	Dr.Sumedh(Twin Sharing)	31/10/2025, 01/11/2025	2	2400
9	VEINFLOW	30/10/2025	1	200
				<b>Paid Amount</b> 20500
				<b>Grand Total</b> 20500

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority