



Reg No: MH/THA/NA073

**Patient Name:** MR. RAJU MOOLYA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 07/08/2025

**IPD ID:** IPD/23/08/2025  
**Receipt No.:** IPD-IPD/23/08/2025  
**UH ID:** AH/08/2025/22  
**Discharged Date:** 10/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	07/08/2025 - 10/08/2025	3 days	17100
2	Registration	07/08/2025	1	500
3	VEINFLOW	07/08/2025	1	200
4	NEBULISATION	08/08/2025, 09/08/2025	4	600
5	HGT	07/08/2025	1	100
6	ECG	07/08/2025	1	500
7	CHEST X-RAY	07/08/2025	1	1000
8	Dr.Sumedh(Twin Sharing)	08/08/2025, 09/08/2025, 10/08/2025	3	3600
				<b>Paid Amount</b> 23600
				<b>Grand Total</b> 23600

**Payment Mode:** Online

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Patient Signature

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Hospital Authority