



Reg No: MH/THA/NA073

**Patient Name:** MRS . SMITA VILAS WAYAL  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 12/09/2025

**IPD ID:** IPD/32/09/2025  
**Receipt No.:** IPD-IPD/32/09/2025  
**UH ID:** AH/09/2025/32  
**Discharged Date:** 16/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	12/09/2025 - 16/09/2025	4 days	22800
2	Registration	12/09/2025	1	500
3	VEINFLOW	12/09/2025	1	200
4	STEAM	12/09/2025, 13/09/2025, 14/09/2025, 15/09/2025	10	1500
5	Dr.Sumedh(Twin Sharing)	13/09/2025, 14/09/2025, 15/09/2025, 16/09/2025	4	4800
6	ECG	12/09/2025	1	500
Paid Amount				30300
Grand Total				30300

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority