



Reg No: MH/THA/NA073

**Patient Name:** SONIKA MANOHAR MAHATO

**Department:** GENERAL MEDICINE

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

**Admitted Date:** 06/09/2025

**IPD ID:** IPD/22/09/2025

**Receipt No.:** IPD-IPD/22/09/2025

**UH ID:** AH/09/2025/21

**Discharged Date:** 09/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/09/2025 - 09/09/2025	3 days	12900
2	HGT	06/09/2025	1	100
3	ECG	07/09/2025	1	500
4	Dietitian visit	08/09/2025	1	700
5	CHEST X-RAY	07/09/2025	1	1000
6	VEINFLOW	06/09/2025	1	200
7	Dr.Sumedh(Triple Sharing)	07/09/2025, 08/09/2025	2	2000
8	Registration	06/09/2025	1	500
				<b>Paid Amount</b> 17900
				<b>Grand Total</b> 17900

**Payment Mode:** Cash

---

Patient Signature

---

Hospital Authority