



Reg No: MH/THA/NA073

Patient Name: MR. TANAJI APPA JADHAV
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 12/10/2025

IPD ID: IPD/70/10/2025
Receipt No.: IPD-IPD/70/10/2025
UH ID: AH/10/2025/36
Discharged Date: 21/10/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|--------------------------------|--|--------|--------|
| 1 | Room Charge For ICU | 12/10/2025 - 17/10/2025 | 5 days | 34500 |
| 2 | Room Charge For Triple Sharing | 17/10/2025 - 19/10/2025 | 2 days | 8600 |
| 3 | Room Charge For Twin Sharing | 19/10/2025 - 22/10/2025 | 3 days | 17100 |
| 4 | EMERGENCY CHARGES | 12/10/2025 | 1 | 1500 |
| 5 | VEINFLOW | 12/10/2025 | 1 | 200 |
| 6 | MONITOR | 12/10/2025, 13/10/2025, 14/10/2025, 15/10/2025, 16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025 | 10 | 10000 |
| 7 | BIPAP CHARGES WITH O2 | 12/10/2025, 13/10/2025, 14/10/2025, 15/10/2025, 16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025 | 8 | 28000 |
| 8 | O2 | 20/10/2025, 21/10/2025 | 2 | 4000 |
| 9 | HGT | 12/10/2025, 13/10/2025, 14/10/2025, 15/10/2025, 16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025 | 29 | 2900 |
| 10 | NEBULISATION | 12/10/2025, 13/10/2025, 14/10/2025, 15/10/2025, 16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025 | 32 | 4800 |
| 11 | INFUSION PUMP | 14/10/2025, 15/10/2025, 16/10/2025 | 3 | 3000 |
| 12 | CATHETERISATION | 12/10/2025 | 1 | 1500 |
| 13 | 2D ECHO + CONSULTING | 14/10/2025 | 1 | 3500 |
| 14 | Dietitian visit | 14/10/2025 | 2 | 1400 |
| 15 | PHYSIO VISIT | 14/10/2025, 15/10/2025, 16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025 | 9 | 4500 |
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|-------------|--------------------------------|--|---|--------|
| 16 | ECG | 12/10/2025 | 1 | 500 |
| 17 | BEDSIDE XRAY | 12/10/2025 | 1 | 1200 |
| 18 | Dr.Sumedh(ICU) | 12/10/2025, 13/10/2025, 14/10/2025, 15/10/2025, 16/10/2025, 17/10/2025 | 6 | 9600 |
| 19 | Dr.Sumedh(Triple Shar- ing) | 18/10/2025, 19/10/2025 | 2 | 2000 |
| 20 | Dr.Sumedh(Twin Sharing) | 19/10/2025, 20/10/2025 | 2 | 2400 |
| 21 | Registration | 12/10/2025 | 1 | 500 |
| Paid Amount | | | | 141700 |
| Grand Total | | | | 141700 |

Payment Mode: Online

Patient Signature

Hospital Authority