



Reg No: MH/THA/NA073

**Patient Name:** LAKSHITA SHAHI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 28/07/2025

**IPD ID:** 27228072025  
**Receipt No.:** IPD-27228072025  
**UH ID:** AH15728072025  
**Discharged Date:** 30/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	28/07/2025 - 30/07/2025	2 days	8600
2	Registration	28/07/2025	1	500
3	HGT	28/07/2025	1	100
4	O2	28/07/2025	1	2000
5	VEINFLOW	28/07/2025	1	200
6	ECG	28/07/2025	1	500
7	CHEST X-RAY	28/07/2025	1	1000
8	Dietitian visit	28/07/2025	1	700
9	2D ECHO	28/07/2025	1	3000
10	Dr.Sumedh(Triple Sharing)	28/07/2025, 29/07/2025, 30/07/2025	3	3000
11	NEBULISATION	28/07/2025, 29/07/2025, 30/07/2025	6	900
12	CARDIOLOGIST VISIT	28/07/2025	1	1500
				Discount 3000
				Paid Amount 19000
				Grand Total 22000

**Payment Mode:** Online

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Patient Signature

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Hospital Authority