



Patient Name: MRS . DEVIBAI JAIN
Department: GENERAL MEDICINE
Consulting Dr.: Sumedh Kirdak

IPD ID: 25421072025
Receipt No.: IPD-25421072025
Admitted Date: 21/07/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	21/07/2025 - 25/07/2025	4 days	17200
2	Registration	21/07/2025	1	500
3	VEINFLOW	21/07/2025	1	200
4	NEBULISATION	22/07/2025, 23/07/2025, 24/07/2025	5	750
5	HGT	21/07/2025	1	100
6	ORTHO VISIT	22/07/2025	1	1500
7	Dietitian visit	22/07/2025	1	700
8	ECG	21/07/2025	1	500
9	BEDSIDE XRAY/EMERGENCY XRAY	21/07/2025	2	2400
10	Dr.Sumedh(Triple Shar- ing)	21/07/2025, 22/07/2025, 23/07/2025	3	3000
Discount				850
Grand Total				26000

Payment Mode: Online

Patient Signature

Hospital Authority