



Reg No: MH/THA/NA073

**Patient Name:** RENUKA BHOIR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 31/10/2025

**IPD ID:** IPD/06/11/2025  
**Receipt No.:** IPD-IPD/06/11/2025  
**UH ID:** AH/11/2025/03  
**Discharged Date:** 03/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	31/10/2025 - 03/11/2025	3 days	12900
2	Registration	30/10/2025	1	500
3	BLOOD TRANSFUSION	01/11/2025	1	1500
4	HGT	31/10/2025	1	100
5	Dr.Sumedh(Triple Shar- ing)	01/11/2025, 02/11/2025, 03/11/2025	3	3000
6	VEINFLOW	31/10/2025	1	200
Discount				1200
Paid Amount				17000
Grand Total				18200

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority