



Reg No: MH/THA/NA073

Patient Name: CHITRA GIRISH BHOIR
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 01/11/2025

IPD ID: IPD/07/11/2025
Receipt No.: IPD-IPD/07/11/2025
UH ID: AH/11/2025/04
Discharged Date: 04/11/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|--------------------------------|------------------------------------|--------|--------------------------|
| 1 | Room Charge For Triple Sharing | 01/11/2025 - 04/11/2025 | 3 days | 12900 |
| 2 | Registration | 01/11/2025 | 1 | 500 |
| 3 | VEINFLOW | 01/11/2025 | 1 | 200 |
| 4 | HGT | 01/11/2025 | 1 | 100 |
| 5 | CHEST X-RAY | 01/11/2025 | 1 | 1000 |
| 6 | ECG | 01/11/2025 | 1 | 500 |
| 7 | Dr.Sumedh(Triple Sharing) | 01/11/2025, 02/11/2025, 03/11/2025 | 3 | 3000 |
| | | | | Discount 200 |
| | | | | Paid Amount 18000 |
| | | | | Grand Total 18200 |

Payment Mode: Online

Patient Signature

Hospital Authority