



Reg No: MH/THA/NA073

**Patient Name:** MR. SWAPNIL KASHINATH SHINGWA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 03/10/2025

**IPD ID:** IPD/12/10/2025  
**Receipt No.:** IPD-IPD/12/10/2025  
**UH ID:** AH/10/2025/10  
**Discharged Date:** 06/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	03/10/2025 - 07/10/2025	4 days	17200
2	Registration	03/10/2025	1	500
3	HGT	03/10/2025	1	100
4	ECG	03/10/2025, 04/10/2025	2	1000
5	CHEST X-RAY	04/10/2025	1	1000
6	2D ECHO	05/10/2025	1	3000
7	Dietitian visit	03/10/2025, 06/10/2025	2	1400
8	Dr.Sumedh(Triple Shar- ing)	03/10/2025, 04/10/2025, 05/10/2025	3	3000
9	LAB CHARGE	06/10/2025	1	5300
10	MEDICAL BILL CHARGE	03/10/2025	1	4172
Paid Amount				36672
Grand Total				36672

**Payment Mode:** Online

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Patient Signature

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Hospital Authority