



Reg No: MH/THA/NA073

**Patient Name:** MR. DHONDIRAM VARANDE

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 06/11/2025

**IPD ID:** IPD/16/11/2025

**Receipt No.:** IPD-IPD/16/11/2025

**UH ID:** AH/11/2025/13

**Discharged Date:** 10/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	06/11/2025 - 10/11/2025	4 days	22800
2	Registration	06/11/2025	1	500
3	HGT	06/11/2025	1	100
4	ECG	06/11/2025	1	500
5	CHEST X-RAY	06/11/2025	1	1000
6	Dr.Sumedh(Twin Sharing)	06/11/2025, 07/11/2025, 08/11/2025, 09/11/2025, 10/11/2025	5	6000
7	VEINFLOW	06/11/2025	1	200
				<b>Discount</b> 1100
				<b>Paid Amount</b> 30000
				<b>Grand Total</b> 31100

**Payment Mode:** Online

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Patient Signature

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Hospital Authority