



Reg No: MH/THA/NA073

**Patient Name:** PARAS SAINATH KADAM  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 28/10/2025

**IPD ID:** IPD/94/10/2025  
**Receipt No.:** IPD-IPD/94/10/2025  
**UH ID:** AH/10/2025/76  
**Discharged Date:** 31/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	28/10/2025 - 01/11/2025	4 days	17200
2	Registration	28/10/2025	1	500
3	VEINFLOW	28/10/2025	1	200
4	HGT	28/10/2025	1	100
5	ECG	28/10/2025	1	500
6	CHEST X-RAY	28/10/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	28/10/2025, 29/10/2025	2	2000
Paid Amount				21500
Grand Total				21500

**Payment Mode:** Online

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Patient Signature

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Hospital Authority