



Reg No: MH/THA/NA073

Patient Name: MR . MADHUKAR ANANTA RAUT
Department: GENERAL MEDICINE
Consulting Dr.: Sumedh Kirdak
Admitted Date: 04/09/2025

IPD ID: IPD/17/09/2025
Receipt No.: IPD-IPD/17/09/2025
UH ID: AH/09/2025/16
Discharged Date: 07/09/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|--------------------------------|--|--------|-------------------|
| 1 | Room Charge For Triple Sharing | 04/09/2025 - 07/09/2025 | 3 days | 12900 |
| 2 | Registration | 04/09/2025 | 1 | 500 |
| 3 | VEINFLOW | 04/09/2025 | 1 | 200 |
| 4 | HGT | 04/09/2025 | 1 | 100 |
| 5 | NEBULISATION | 04/09/2025, 05/09/2025, 06/09/2025, 07/09/2025 | 10 | 1500 |
| 6 | ECG | 05/09/2025 | 1 | 500 |
| 7 | CHEST X-RAY | 04/09/2025 | 1 | 1000 |
| 8 | Dr.Sumedh(Triple Sharing) | 05/09/2025, 06/09/2025, 07/09/2025 | 3 | 3000 |
| | | | | Discount 1200 |
| | | | | Paid Amount 18500 |
| | | | | Grand Total 19700 |

Payment Mode: Online

Patient Signature

Hospital Authority