



Reg No: MH/THA/NA073

**Patient Name:** MRS. NIRMALA P. DESHMUKH  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 24/09/2025

**IPD ID:** IPD/68/09/2025  
**Receipt No.:** IPD-IPD/68/09/2025  
**UH ID:** AH/09/2025/62  
**Discharged Date:** 27/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	24/09/2025 - 28/09/2025	4 days	17200
2	Registration	24/09/2025	1	500
3	VEINFLOW	24/09/2025	1	200
4	O2	24/09/2025, 25/09/2025, 26/09/2025	3	6000
5	NEBULISATION	24/09/2025, 25/09/2025, 26/09/2025, 27/09/2025	13	1950
6	HGT	24/09/2025	1	100
7	ECG	24/09/2025	1	500
8	CHEST X-RAY	24/09/2025	1	1000
9	PHYSIO VISIT	25/09/2025, 26/09/2025, 27/09/2025	5	2500
10	Dr.Sumedh(Triple Shar- ing)	24/09/2025, 25/09/2025, 26/09/2025	3	3000
Discount				2950
Paid Amount				30000
Grand Total				32950

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority