



Reg No: MH/THA/NA073

Patient Name: AROON SHARMA
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 30/10/2025

IPD ID: IPD/05/11/2025
Receipt No.: IPD-IPD/05/11/2025
UH ID: AH/10/2025/83
Discharged Date: 11/09/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|------------------------------|--|--------|--------|
| 1 | Room Charge For ICU | 30/10/2025 - 04/11/2025 | 5 days | 34500 |
| 2 | Room Charge For Twin Sharing | 04/11/2025 - 10/11/2025 | 6 days | 34200 |
| 3 | Registration | 30/10/2025 | 1 | 500 |
| 4 | EMERGENCY CHARGES | 30/10/2025 | 1 | 1500 |
| 5 | MONITOR | 30/10/2025, 31/10/2025, 01/11/2025, 02/11/2025, 03/11/2025 | 5 | 5000 |
| 6 | NEBULISATION | 01/11/2025, 02/11/2025, 03/11/2025, 04/11/2025, 05/11/2025, 06/11/2025, 07/11/2025 | 20 | 3000 |
| 7 | HGT | 30/10/2025, 01/11/2025 | 2 | 200 |
| 8 | VENTILATOR CHARGES WITH O2 | 30/10/2025 | 1 | 5000 |
| 9 | INFUSION PUMP | 30/10/2025 | 1 | 1000 |
| 10 | RYLES TUBE INSERTION | 30/10/2025 | 1 | 1200 |
| 11 | INTUBATION | 30/10/2025 | 1 | 5000 |
| 12 | CATHETERISATION | 30/10/2025 | 1 | 1500 |
| 13 | Dietitian visit | 31/10/2025 | 2 | 1400 |
| 14 | 2D ECHO + CONSULTING | 03/11/2025 | 1 | 3500 |
| 15 | ECG | 30/10/2025, 01/11/2025 | 2 | 1000 |
| 16 | BEDSIDE XRAY | 30/10/2025 | 1 | 1200 |
| 17 | Dr.Sumedh(ICU) | 31/10/2025, 01/11/2025, 02/11/2025, 03/11/2025 | 4 | 6400 |
| 18 | Dr.Sumedh(Twin Sharing) | 04/11/2025, 05/11/2025, 06/11/2025, 07/11/2025, 08/11/2025 | 5 | 6000 |
| 19 | O2 | | 3 | 6000 |

31/10/2025, 01/11/2025,
02/11/2025

| | | | | |
|----|--------------------|------------|---|----------------------------------|
| 20 | VEINFLOW | 30/10/2025 | 1 | 200 |
| 21 | NEPHROLOGIST VISIT | 06/11/2025 | 1 | 2000 |
| | | | | Discount 3300 |
| | | | | Paid Amount 117000 |
| | | | | Grand Total 120300 |

Payment Mode: Online

Patient Signature

Hospital Authority