



Reg No: MH/THA/NA073

**Patient Name:** MR. HINDURAO D JADHAV

**Department:** GENERAL MEDICINE

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

**Admitted Date:** 12/09/2025

**IPD ID:** IPD/34/09/2025

**Receipt No.:** IPD-IPD/34/09/2025

**UH ID:** AH6013062025

**Discharged Date:** 17/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	12/09/2025 - 17/09/2025	5 days	21500
2	Registration	12/09/2025	1	500
3	VEINFLOW	12/09/2025	1	200
4	HGT	12/09/2025, 13/09/2025, 14/09/2025, 15/09/2025, 16/09/2025, 17/09/2025	15	1500
5	Dressing charges (minor)	13/09/2025, 14/09/2025, 15/09/2025, 16/09/2025, 17/09/2025	8	2400
6	ECG	12/09/2025	1	500
7	Dr.Sumedh(Triple Sharing)	13/09/2025, 14/09/2025, 15/09/2025, 16/09/2025, 17/09/2025	5	5000
				<b>Discount</b> 1600
				<b>Paid Amount</b> 30000
				<b>Grand Total</b> 31600

**Payment Mode:** Online

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Patient Signature

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Hospital Authority