



Reg No: MH/THA/NA073

**Patient Name:** MR. ARUN P. PATIL  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 08/10/2025

**IPD ID:** IPD/28/10/2025  
**Receipt No.:** IPD-IPD/28/10/2025  
**UH ID:** AH/10/2025/24  
**Discharged Date:** 12/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	08/10/2025 - 12/10/2025	4 days	22800
2	Registration	08/10/2025	1	500
3	VEINFLOW	08/10/2025	1	200
4	HGT	08/10/2025	1	100
5	ECG	08/10/2025	1	500
6	CHEST X-RAY	09/10/2025	1	1000
7	Dr.Sumedh(Twin Sharing)	09/10/2025, 10/10/2025, 11/10/2025	3	3600
				<b>Paid Amount</b> <b>28700</b>
				<b>Grand Total</b> <b>28700</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority