



**Patient Name:** MR. ASHOK. K. KAMBLE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 20004072025  
**Receipt No.:** IPD-20004072025  
**Admitted Date:** 02/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	02/07/2025 - 07/07/2025	5 days	28500
2	Registration	02/07/2025	1	500
3	HGT	03/07/2025, 04/07/2025, 05/07/2025, 06/07/2025, 07/07/2025	13	1300
4	VEINFLOW	03/07/2025	1	200
5	PHYSIO VISIT	03/07/2025, 04/07/2025, 05/07/2025	5	2500
6	LUMBAR PUNCTURE	03/07/2025	1	5000
7	NEUROLOGIST VISI	03/07/2025	1	2000
8	PSYCHIATRIC VISIT	03/07/2025	1	1500
9	Dietitian visit	04/07/2025	1	700
10	NCV	05/07/2025	1	4000
11	Dr.Sumedh(Twin Sharing)	02/07/2025, 04/07/2025, 06/07/2025	3	3600
Grand Total				49800

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority