



Reg No: MH/THA/NA073

**Patient Name:** AARATEE JAISWAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 26/10/2025

**IPD ID:** IPD/82/10/2025  
**Receipt No.:** IPD-IPD/82/10/2025  
**UH ID:** AH/10/2025/67  
**Discharged Date:** 27/10/2025

### Billing Details

| No          | Description                  | Date       | Qty   | Amount |
|-------------|------------------------------|------------|-------|--------|
| 1           | Room Charge For ICU          | 26/10/2025 | 1 day | 6900   |
| 2           | Room Charge For Twin Sharing | 27/10/2025 | 1 day | 5700   |
| 3           | Registration                 | 26/10/2025 | 1     | 500    |
| 4           | EMERGENCY CHARGES            | 26/10/2025 | 1     | 1500   |
| 5           | MONITOR                      | 26/10/2025 | 1     | 1000   |
| 6           | HGT                          | 26/10/2025 | 2     | 200    |
| 7           | ECG                          | 26/10/2025 | 1     | 500    |
| 8           | BEDSIDE XRAY                 | 26/10/2025 | 1     | 1200   |
| 9           | Dr.Sumedh(ICU)               | 26/10/2025 | 1     | 1600   |
| 10          | Dr.Sumedh(Twin Sharing)      | 27/10/2025 | 1     | 1200   |
| 11          | LAB CHARGE                   | 26/10/2025 | 1     | 3000   |
| 12          | MEDICAL BILL CHARGE          | 26/10/2025 | 1     | 4299   |
| Discount    |                              |            |       | 700    |
| Paid Amount |                              |            |       | 26899  |
| Grand Total |                              |            |       | 27599  |

**Payment Mode:** Online

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Patient Signature

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Hospital Authority