



**Patient Name:** ABHISHEK GUHER  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 15208062025  
**Receipt No.:** IPD-15208062025  
**Admitted Date:** 07/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	07/06/2025 - 09/06/2025	2 days	7600
2	HGT	07/06/2025, 07/06/2025	7	700
3	GASTROENTEROLOGIST VISIT	08/06/2025	1	2000
4	EMERGENCY CHARGES	07/06/2025	1	1500
5	Registration	07/06/2025	1	500
6	Dr.Sumedh(Genral)	08/06/2025	1	800
<b>Grand Total</b>				<b>13100</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority