



Reg No: MH/THA/NA073

**Patient Name:** MR. AVINASH RAMDAS BHOIR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 07/08/2025

**IPD ID:** IPD/17/08/2025  
**Receipt No.:** IPD-IPD/17/08/2025  
**UH ID:** AH/08/2025/16  
**Discharged Date:** 07/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	07/08/2025	1 day	4300
2	Registration	07/08/2025	1	500
3	VEINFLOW	07/08/2025	1	200
4	HGT	07/08/2025	1	100
5	ECG	07/08/2025	1	500
6	Dr.Sumedh(Triple Sharing)	07/08/2025	1	1000
			<b>Paid Amount</b>	<b>6600</b>
			<b>Grand Total</b>	<b>6600</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority