



Reg No: MH/THA/NA073

**Patient Name:** ASHOK PHADNIS  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 06/11/2025

**IPD ID:** IPD/25/11/2025  
**Receipt No.:** IPD-IPD/25/11/2025  
**UH ID:** AH/10/2025/70  
**Discharged Date:** 10/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/11/2025 - 11/11/2025	5 days	21500
2	Registration	06/11/2025	1	500
3	NEBULISATION	06/11/2025, 07/11/2025, 08/11/2025	7	1050
4	HGT	06/11/2025, 08/11/2025, 09/11/2025, 10/11/2025	5	500
5	RYLES TUBE INSERTION	06/11/2025	1	1200
6	CATHETERISATION	07/11/2025	1	1500
7	ECG	06/11/2025	1	500
8	Dr.Sumedh(Triple Sharing)	06/11/2025, 07/11/2025, 08/11/2025, 09/11/2025	4	4000
			<b>Paid Amount</b>	<b>30750</b>
			<b>Grand Total</b>	<b>30750</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority