



Reg No: MH/THA/NA073

**Patient Name:** MR. MOHAN MADHUKAR WAGHMARE

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 19/10/2025

**IPD ID:** IPD/57/10/2025

**Receipt No.:** IPD-IPD/57/10/2025

**UH ID:** AH/10/2025/51

**Discharged Date:** 21/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	19/10/2025 - 21/10/2025	2 days	8600
2	Registration	19/10/2025	1	500
3	VEINFLOW	19/10/2025	1	200
4	ECG	19/10/2025	1	500
5	CHEST X-RAY	19/10/2025	1	1000
6	Dr.Sumedh(Triple Sharing)	20/10/2025, 21/10/2025	2	2000
7	HGT	19/10/2025	1	100
				<b>Paid Amount</b> 12900
				<b>Grand Total</b> 12900

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority