



Reg No: MH/THA/NA073

**Patient Name:** MR. PRAVINKUMAR DANDU  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 09/09/2025

**IPD ID:** IPD/29/09/2025  
**Receipt No.:** IPD-IPD/29/09/2025  
**UH ID:** AH/09/2025/28  
**Discharged Date:** 12/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	09/09/2025 - 13/09/2025	4 days	17200
2	HGT	09/09/2025	1	100
3	ECG	09/09/2025	1	500
4	Dr.Sumedh(Triple Shar- ing)	09/09/2025, 10/09/2025, 11/09/2025	3	3000
5	Registration	09/09/2025	1	500
Discount				1300
Paid Amount				20000
Grand Total				21300

**Payment Mode:** Online

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Patient Signature

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Hospital Authority