



**Patient Name:** MR. DASHRATH G PENDHARE

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 20305072025

**Receipt No.:** IPD-20305072025

**Admitted Date:** 04/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	04/07/2025 - 06/07/2025	2 days	11400
2	Registration	04/07/2025	1	500
3	VEINFLOW	04/07/2025	1	200
4	NEBULISATION	04/07/2025, 05/07/2025	3	450
5	HGT	04/07/2025, 05/07/2025	3	300
6	ECG	04/07/2025	1	500
7	BEDSIDE XRAY	04/07/2025	1	1200
8	ORTHO VISIT	05/07/2025	1	1500
<b>Grand Total</b>				<b>16050</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority