



Reg No: MH/THA/NA073

**Patient Name:** MRS. DEEPALI KADAM  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 25/07/2025

**IPD ID:** 26827072025  
**Receipt No.:** IPD-26827072025  
**UH ID:** AH12514072025  
**Discharged Date:** 30/07/2025

### Billing Details

| No | Description                 | Date   | Qty    | Amount                   |
|----|-----------------------------|--|--------|--------------------------|
| 1  | Room Charge For Single Room | 25/07/2025 - 31/07/2025                                    | 6 days | 37200                    |
| 2  | Registration                | 25/07/2025   | 1      | 500                      |
| 3  | HGT                         | 25/07/2025, 27/07/2025, 28/07/2025, 29/07/2025, 30/07/2025 | 10     | 1000                     |
| 4  | VEINFLOW                    | 28/07/2025   | 1      | 200                      |
| 5  | Dietitian visit             | 28/07/2025   | 1      | 700                      |
| 6  | Dr.Sumedh(Single Room)      | 28/07/2025, 29/07/2025                                     | 2      | 2400                     |
|    |                             |  |        | <b>Discount</b> 2000     |
|    |                             |  |        | <b>Paid Amount</b> 40000 |
|    |                             |  |        | <b>Grand Total</b> 42000 |

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority