



Reg No: MH/THA/NA073

**Patient Name:** MR. PRASAD CHAINI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 03/11/2025

**IPD ID:** IPD/12/11/2025  
**Receipt No.:** IPD-IPD/12/11/2025  
**UH ID:** AH/11/2025/09  
**Discharged Date:** 04/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	03/11/2025	1 day	6900
2	EMERGENCY CHARGES	03/11/2025	1	1500
3	VEINFLOW	03/11/2025	1	200
4	O2	03/11/2025	1	2000
5	MONITOR	03/11/2025	1	1000
6	HGT	03/11/2025	1	100
7	ECG	03/11/2025, 04/11/2025	6	3000
8	BEDSIDE XRAY	03/11/2025	1	1200
9	THROMBOLYSIS (BRAIN/HEART)	03/11/2025	1	15000
10	Dr.Sumedh(ICU)	04/11/2025	2	3200
11	2D ECHO SCREENING	03/11/2025	1	1500
12	ELAXIM INJ 40 MG ( B. NO- A132504E07 )	03/11/2025	1	57418
13	Registration	03/11/2025	1	500
Paid Amount				93518
Grand Total				93518

**Payment Mode:** Online

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Patient Signature

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Hospital Authority