



Reg No: MH/THA/NA073

**Patient Name:** MR. RAHUL AVGHADE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 13/09/2025

**IPD ID:** IPD/45/09/2025  
**Receipt No.:** IPD-IPD/45/09/2025  
**UH ID:** AH/09/2025/41  
**Discharged Date:** 16/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	13/09/2025 - 16/09/2025	3 days	12900
2	Registration	13/09/2025	1	500
3	VEINFLOW	13/09/2025	1	200
4	HGT	13/09/2025	1	100
5	ECG	13/09/2025	1	500
6	CHEST X-RAY	13/09/2025	1	1000
7	Dr.Sumedh(Triple Sharing)	13/09/2025, 14/09/2025, 16/09/2025	3	3000
				<b>Paid Amount</b> 18200
				<b>Grand Total</b> 18200

**Payment Mode:** Online

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Patient Signature

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Hospital Authority