



Reg No: MH/THA/NA073

Patient Name: MRS. ASHA MORE
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 16/10/2025

IPD ID: IPD/50/10/2025
Receipt No.: IPD-IPD/50/10/2025
UH ID: AH/08/2025/31
Discharged Date: 18/10/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|--------------------------------|------------------------------------|--------|--------------------------|
| 1 | Room Charge For Triple Sharing | 16/10/2025 - 18/10/2025 | 2 days | 8600 |
| 2 | Registration | 16/10/2025 | 1 | 500 |
| 3 | VEINFLOW | 16/10/2025 | 1 | 200 |
| 4 | CHEST X-RAY | 16/10/2025 | 1 | 1000 |
| 5 | ECG | 16/10/2025 | 1 | 500 |
| 6 | HGT | 16/10/2025, 17/10/2025, 18/10/2025 | 9 | 900 |
| 7 | NEBULISATION | 16/10/2025, 17/10/2025, 18/10/2025 | 9 | 1350 |
| 8 | Dr.Sumedh(Triple Sharing) | 16/10/2025, 17/10/2025, 18/10/2025 | 3 | 3000 |
| | | | | Discount 3050 |
| | | | | Paid Amount 13000 |
| | | | | Grand Total 16050 |

Payment Mode: Online

Patient Signature

Hospital Authority