



Reg No: MH/THA/NA073

**Patient Name:** MRS. VIJAYA SHARMA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 04/08/2025

**IPD ID:** IPD/14/08/2025  
**Receipt No.:** IPD-IPD/14/08/2025  
**UH ID:** AH/08/2025/13  
**Discharged Date:** 07/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	04/08/2025 - 08/08/2025	4 days	17200
			<b>Discount</b>	<b>17200</b>
			<b>Paid Amount</b>	<b>0</b>
			<b>Grand Total</b>	<b>17200</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority