



**Patient Name:** MRS. DHANSHREE BHOGE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 24217072025  
**Receipt No.:** IPD-24217072025  
**Admitted Date:** 15/07/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	15/07/2025 - 19/07/2025	4 days	17200
2	Registration	15/07/2025	1	500
3	HGT	15/07/2025	1	100
4	VEINFLOW	15/07/2025	1	200
5	Dietitian visit	16/07/2025	1	700
6	ECG	15/07/2025	1	500
7	CHEST X-RAY	16/07/2025	1	1000
8	Dr.Sumedh(Triple Sharing)	16/07/2025, 17/07/2025	2	2000
Grand Total				22200

**Payment Mode:** Online

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Patient Signature

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Hospital Authority