



Reg No: MH/THA/NA073

**Patient Name:** MRS . SHILA N. WALKE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 15/09/2025

**IPD ID:** IPD/54/09/2025  
**Receipt No.:** IPD-IPD/54/09/2025  
**UH ID:** AH/09/2025/50  
**Discharged Date:** 19/09/2025

### Billing Details

| No | Description                  | Date   | Qty    | Amount            |
|----|------------------------------|--|--------|-------------------|
| 1  | Room Charge For Twin Sharing | 15/09/2025 - 20/09/2025                        | 5 days | 28500             |
| 2  | Registration                 | 15/09/2025                                     | 1      | 500               |
| 3  | VEINFLOW                     | 15/09/2025                                     | 1      | 200               |
| 4  | HGT                          | 15/09/2025                                     | 1      | 100               |
| 5  | CATHETERISATION              | 15/09/2025                                     | 1      | 1500              |
| 6  | ECG                          | 15/09/2025                                     | 1      | 500               |
| 7  | CHEST X-RAY                  | 16/09/2025                                     | 1      | 1000              |
| 8  | Dr.Sumedh(Twin Sharing)      | 15/09/2025, 16/09/2025, 17/09/2025, 18/09/2025 | 4      | 4800              |
| 9  | Dietitian visit              | 19/09/2025                                     | 1      | 700               |
|    |                              |  |        | Discount 2800     |
|    |                              |  |        | Paid Amount 35000 |
|    |                              |  |        | Grand Total 37800 |

**Payment Mode:** Online

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Patient Signature

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Hospital Authority