



Reg No: MH/THA/NA073

**Patient Name:** MR. GOVIND L . SAWANT  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 20/08/2025

**IPD ID:** IPD/44/08/2025  
**Receipt No.:** IPD-IPD/44/08/2025  
**UH ID:** AH/08/2025/40  
**Discharged Date:** 24/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	20/08/2025 - 24/08/2025	4 days	24800
2	Registration	20/08/2025	1	500
3	VEINFLOW	20/08/2025	1	200
4	ECG	20/08/2025	1	500
5	HGT	20/08/2025	1	100
6	STEAM	21/08/2025, 22/08/2025, 23/08/2025, 24/08/2025	10	1500
7	INFUSION PUMP	21/08/2025, 22/08/2025, 23/08/2025	3	3000
8	Dietitian visit	21/08/2025, 22/08/2025	2	1400
9	Dr.Sumedh(Single Room)	20/08/2025, 21/08/2025, 22/08/2025, 23/08/2025, 24/08/2025	5	6000
10	CHEST X-RAY	20/08/2025	1	1000
Discount				1500
Paid Amount				37500
Grand Total				39000

**Payment Mode:** Online

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Patient Signature

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Hospital Authority