



Reg No: MH/THA/NA073

**Patient Name:** MRS PALVI JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 17/07/2025

**IPD ID:** 27027072025  
**Receipt No.:** IPD-27027072025  
**UH ID:** AH3531052025  
**Discharged Date:** 19/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	17/07/2025 - 20/07/2025	3 days	12900
2	Registration	17/07/2025	1	500
3	Dr.Sumedh(Triple Sharing)	18/07/2025	1	1000
Discount				4300
Balance Amount				0
Grand Total				14400

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority