



Reg No: MH/THA/NA073

**Patient Name:** SUSHMITA SABALE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 27/09/2025

**IPD ID:** IPD/77/09/2025  
**Receipt No.:** IPD-IPD/77/09/2025  
**UH ID:** AH/09/2025/72  
**Discharged Date:** 30/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	27/09/2025 - 30/09/2025	3 days	12900
2	Registration	27/09/2025	1	500
3	VEINFLOW	27/09/2025	1	200
4	HGT	27/09/2025	1	100
5	CHEST X-RAY	27/09/2025	1	1000
6	NEBULISATION	27/09/2025, 28/09/2025, 29/09/2025, 30/09/2025	8	1200
7	Dr.Sumedh(Triple Sharing)	27/09/2025, 29/09/2025, 30/09/2025	3	3000
				<b>Discount</b> 6900
				<b>Paid Amount</b> 12000
				<b>Grand Total</b> 18900

**Payment Mode:** Online

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Patient Signature

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Hospital Authority