



Reg No: MH/THA/NA073

**Patient Name:** SADANAND GANDRE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 25/10/2025

**IPD ID:** IPD/79/10/2025  
**Receipt No.:** IPD-IPD/79/10/2025  
**UH ID:** AH/10/2025/65  
**Discharged Date:** 06/10/2027

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	25/10/2025 - 30/10/2025	5 days	28500
2	Registration	25/10/2025	1	500
3	VEINFLOW	25/10/2025	1	200
4	HGT	25/10/2025	1	100
5	CATHETERISATION	26/10/2025	1	1500
6	SURGEON VISIT	28/10/2025	1	1500
7	ECG	25/10/2025	1	500
8	2D ECHO SCREENING	29/10/2025	1	1500
9	Dr.Sumedh(Twin Sharing)	25/10/2025, 26/10/2025, 27/10/2025, 28/10/2025, 29/10/2025	6	7200
10	CHEST X-RAY	25/10/2025	1	1000
11	COLONOSCOPY	29/10/2025	1	15000
				<b>Discount</b> 2500
				<b>Paid Amount</b> 55000
				<b>Grand Total</b> 57500

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority