



**Patient Name:** PRASHANT VIJAY CHAVHAN

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 22812072025

**Receipt No.:** IPD-22812072025

**Admitted Date:** 12/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	12/07/2025 - 15/07/2025	3 days	12900
2	Registration	12/07/2025	1	500
3	HGT	12/07/2025	1	100
4	ECG	13/07/2025	1	500
5	CHEST X-RAY	12/07/2025	1	1000
6	VEINFLOW	14/07/2025	1	200
7	Dietitian visit	14/07/2025	1	700
8	Dr.Sumedh(Triple Sharing)	13/07/2025, 14/07/2025, 15/07/2025	3	3000
				Discount 900
				Grand Total 18000

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority