



**Patient Name:** MRS.AYESHA CHAUS  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 19502072025  
**Receipt No.:** IPD-19502072025  
**Admitted Date:** 02/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	02/07/2025 - 05/07/2025	3 days	18600
2	BLOOD TRANSFUSION	02/07/2025, 03/07/2025	2	3000
3	HGT	02/07/2025, 03/07/2025, 04/07/2025, 05/07/2025	9	900
4	Dietitian visit	04/07/2025	1	700
5	VEINFLOW	02/07/2025	1	200
6	Dr.Sumedh(Single Room)	02/07/2025, 03/07/2025, 04/07/2025, 05/07/2025	5	6000
7	Registration	02/07/2025	1	500
				<b>Discount</b> 1400
				<b>Grand Total</b> 28500

**Payment Mode:** Online

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Patient Signature

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Hospital Authority