



Reg No: MH/THA/NA073

Patient Name: MRS . VASANTI THANEKAR
Department: GENERAL MEDICINE
Consulting Dr.: Sumedh Kirdak
Admitted Date: 03/08/2025

IPD ID: IPD/09/08/2025
Receipt No.: IPD-IPD/09/08/2025
UH ID: AH/08/2025/08
Discharged Date: 07/08/2025

Billing Details

| No | Description | Date | Qty | Amount |
|-------------|--------------------------------|--|--------|--------|
| 1 | Room Charge For ICU | 03/08/2025 - 05/08/2025 | 2 days | 13800 |
| 2 | Room Charge For Triple Sharing | 05/08/2025 - 08/08/2025 | 3 days | 12900 |
| 3 | Registration | 03/08/2025 | 1 | 500 |
| 4 | VEINFLOW | 03/08/2025 | 1 | 200 |
| 5 | O2 | 03/08/2025, 04/08/2025, 05/08/2025, 06/08/2025 | 4 | 8000 |
| 6 | MONITOR | 03/08/2025, 04/08/2025 | 2 | 2000 |
| 7 | NEBULISATION | 03/08/2025, 04/08/2025, 05/08/2025, 06/08/2025, 07/08/2025 | 18 | 2700 |
| 8 | HGT | 03/08/2025, 05/08/2025, 06/08/2025, 07/08/2025 | 10 | 1000 |
| 9 | PHYSIO VISIT | 04/08/2025, 05/08/2025, 06/08/2025 | 5 | 2500 |
| 10 | Dietitian visit | 06/08/2025 | 1 | 700 |
| 11 | NEPHROLOGIST VISIT | 04/08/2025 | 1 | 1500 |
| 12 | CARDIOLOGIST VISIT | 04/08/2025 | 1 | 2000 |
| 13 | ECG | 03/08/2025 | 1 | 500 |
| 14 | BEDSIDE XRAY/EMERGENCY XRAY | 03/08/2025 | 1 | 1200 |
| 15 | Dr.Sumedh(ICU) | 04/08/2025 | 1 | 1600 |
| 16 | Dr.Sumedh(Triple Shar- ing) | 05/08/2025, 06/08/2025 | 2 | 2000 |
| 17 | EMERGENCY CHARGES | 03/08/2025 | 1 | 1500 |
| Discount | | | | 20600 |
| Paid Amount | | | | 34000 |
| Grand Total | | | | 54600 |

Payment Mode: Cash

Patient Signature

Hospital Authority