



**Patient Name:** MRS.USHA JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 17120062025  
**Receipt No.:** IPD-17120062025  
**Admitted Date:** 19/06/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	18/06/2025 - 24/06/2025	6 days	34200
2	HGT	19/06/2025	1	100
3	ECG	19/06/2025	1	500
4	Dietitian visit	23/06/2025	1	700
5	COLONOSCOPY + BIOPSY	23/06/2025	1	15000
6	Registration	19/06/2025	1	500
7	BLOOD TRANSFUSION	20/06/2025, 21/06/2025	2	3000
8	VEINFLOW	21/06/2025	1	200
Discount				900
Grand Total				53300

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority