



Reg No: MH/THA/NA073

**Patient Name:** MR. PRAHLAD SOMAJI MANE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 27/09/2025

**IPD ID:** IPD/06/10/2025  
**Receipt No.:** IPD-IPD/06/10/2025  
**UH ID:** AH/09/2025/73  
**Discharged Date:** 04/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	27/09/2025 - 05/10/2025	8 days	49600
			<b>Discount</b>	<b>49600</b>
			<b>Paid Amount</b>	<b>0</b>
			<b>Grand Total</b>	<b>49600</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority