



Reg No: MH/THA/NA073

**Patient Name:** SHOBHA HAJARE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 16/10/2025

**IPD ID:** IPD/61/10/2025  
**Receipt No.:** IPD-IPD/61/10/2025  
**UH ID:** AH/10/2025/35  
**Discharged Date:** 20/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	16/10/2025 - 18/10/2025	2 days	13800
2	Room Charge For Twin Sharing	18/10/2025 - 21/10/2025	3 days	17100
3	Registration	16/10/2025	1	500
4	O2	16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025	4	8000
5	MONITOR	16/10/2025, 17/10/2025	2	2000
6	NEBULISATION	16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025	15	2250
7	HGT	16/10/2025	1	100
8	2D ECHO + CONSULT-ING	17/10/2025	1	3500
9	ECG	16/10/2025	1	500
10	BEDSIDE XRAY	16/10/2025	1	1200
11	Dr.Sumedh(ICU)	16/10/2025, 17/10/2025, 18/10/2025	3	4800
12	Dr.Sumedh(Twin Sharing)	19/10/2025	1	1200
13	EMERGENCY CHARGES	16/10/2025	1	1500
				<b>Discount</b> <b>2450</b>
				<b>Paid Amount</b> <b>54000</b>
				<b>Grand Total</b> <b>56450</b>

**Payment Mode:** Online

Patient Signature

Hospital Authority