



Reg No: MH/THA/NA073

**Patient Name:** KALAIARASI BALAN  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 02/11/2025

**IPD ID:** IPD/24/11/2025  
**Receipt No.:** IPD-IPD/24/11/2025  
**UH ID:** AH/11/2025/08  
**Discharged Date:** 10/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	01/11/2025 - 11/11/2025	10 days	57000
Discount				57000
Paid Amount				0
Grand Total				57000

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority