



Reg No: MH/THA/NA073

**Patient Name:** MR. PURUSHOTTAM JOSHI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 15/09/2025

**IPD ID:** IPD/55/09/2025  
**Receipt No.:** IPD-IPD/55/09/2025  
**UH ID:** AH/09/2025/51  
**Discharged Date:** 18/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	15/09/2025 - 19/09/2025	4 days	17200
2	Registration	15/09/2025	1	500
3	MONITOR	15/09/2025, 16/09/2025	2	2000
4	NEBULISATION	15/09/2025, 16/09/2025, 17/09/2025, 18/09/2025	10	1500
5	HGT	15/09/2025	1	100
6	CHEST X-RAY	16/09/2025	1	1000
7	ECG	15/09/2025, 16/09/2025, 17/09/2025	3	1500
8	Dr.Sumedh(Triple Shar-ing)	16/09/2025, 17/09/2025	2	2000
9	VEINFLOW	15/09/2025	1	200
			<b>Paid Amount</b>	<b>26000</b>
			<b>Grand Total</b>	<b>26000</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority