



Reg No: MH/THA/NA073

**Patient Name:** MR.PRASANNA PARAB  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 09/09/2025

**IPD ID:** IPD/27/09/2025  
**Receipt No.:** IPD-IPD/27/09/2025  
**UH ID:** AH/09/2025/26  
**Discharged Date:** 11/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	09/09/2025 - 12/09/2025	3 days	17100
2	Registration	09/09/2025	1	500
3	HGT	09/09/2025, 10/09/2025, 11/09/2025	6	600
4	ECG	09/09/2025	1	500
5	OPERATION THEATRE CHARGES	09/09/2025	1	5000
6	ANAESTHESIA CHARGES	09/09/2025	1	8000
7	SURGEON CHARGES	09/09/2025	1	22000
8	Dr.Sumedh(Twin Sharing)	09/09/2025, 10/09/2025	2	2400
9	CHEST X-RAY	09/09/2025	1	1000
				<b>Paid Amount</b>
				<b>57100</b>
				<b>Grand Total</b>
				<b>57100</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority