



Reg No: MH/THA/NA073

**Patient Name:** LAVINA SHELDON MOREIRA

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 29/09/2025

**IPD ID:** IPD/82/09/2025

**Receipt No.:** IPD-IPD/82/09/2025

**UH ID:** AH/09/2025/78

**Discharged Date:** 03/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	29/09/2025 - 04/10/2025	5 days	28500
2	Registration	29/09/2025	1	500
3	HGT	29/09/2025	1	100
4	ECG	29/09/2025	1	500
5	CHEST X-RAY	29/09/2025	1	1000
6	Dr.Sumedh(Twin Sharing)	29/09/2025, 30/09/2025, 01/10/2025, 02/10/2025, 03/10/2025	5	6000
7	EEG CHARGES	01/10/2025	1	5000
8	LAB CHARGE	29/09/2025	1	9800
9	MEDICAL BILL CHARGE	29/09/2025	1	8529
10	NEUROLOGIST VISI	30/09/2025	1	1000
				<b>Paid Amount</b> <b>60929</b>
				<b>Grand Total</b> <b>60929</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority