



Reg No: MH/THA/NA073

**Patient Name:** BANI NISHIKANT ERANDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 30/10/2025

**IPD ID:** IPD/03/11/2025  
**Receipt No.:** IPD-IPD/03/11/2025  
**UH ID:** AH/10/2025/82  
**Discharged Date:** 02/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	30/10/2025 - 01/11/2025	2 days	13800
2	Room Charge For Twin Sharing	01/11/2025 - 03/11/2025	2 days	11400
3	Registration	30/10/2025	1	500
4	MONITOR	30/10/2025	1	1000
5	VEINFLOW	30/10/2025	1	200
6	2D ECHO	30/10/2025	1	3000
7	Dietitian visit	31/10/2025	2	1400
8	ECG	30/10/2025, 31/10/2025	2	1000
9	BEDSIDE XRAY	30/10/2025	1	1200
10	Dr.Sumedh(ICU)	31/10/2025	1	1600
11	Dr.Sumedh(Twin Sharing)	31/10/2025, 01/11/2025	2	2400
12	HGT	30/10/2025	1	100
Paid Amount				37600
Grand Total				37600

**Payment Mode:** Online

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Patient Signature

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Hospital Authority