



Reg No: MH/THA/NA073

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

IPD ID: IPD/36/09/2025
Receipt No.: IPD-IPD/36/09/2025
UH ID: AH/09/2025/29
Discharged Date: 13/09/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	09/09/2025 - 13/09/2025	4 days	17200
2	Registration	09/09/2025	1	500
3	HGT	09/09/2025	1	100
4	ECG	09/09/2025	1	500
5	VEINFLOW	09/09/2025	1	200
6	Dr.Sumedh(Triple Shar- ing)	10/09/2025, 11/09/2025, 12/09/2025, 13/09/2025	4	4000
			Paid Amount	22500
			Grand Total	22500

Payment Mode: Cash

Patient Signature

Hospital Authority