



Reg No: MH/THA/NA073

**Patient Name:** MR. NAVIN NARAYAN TEDDU  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 14/10/2025

**IPD ID:** IPD/48/10/2025  
**Receipt No.:** IPD-IPD/48/10/2025  
**UH ID:** AH/10/2025/44  
**Discharged Date:** 10/05/2026

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	14/10/2025 - 17/10/2025	3 days	12900
2	Registration	14/10/2025	1	500
3	VEINFLOW	14/10/2025	1	200
4	HGT	14/10/2025	1	100
5	ECG	14/10/2025	1	500
6	CHEST X-RAY	14/10/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	15/10/2025, 16/10/2025, 17/10/2025	3	3000
Paid Amount				18200
Grand Total				18200

**Payment Mode:** Online

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Patient Signature

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Hospital Authority