

**Patient Name:** MR. HARIBHAU DUMBRE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 16/10/2025

**IPD ID:** IPD/49/10/2025  
**Receipt No.:** IPD-IPD/49/10/2025  
**UH ID:** AH/10/2025/45  
**Discharged Date:** 22/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	16/10/2025 - 23/10/2025	7 days	39900
2	Registration	16/10/2025	1	500
3	INFUSION PUMP	19/10/2025, 20/10/2025	2	2000
4	NEBULISATION	16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025, 22/10/2025	18	2700
5	HGT	16/10/2025	1	100
6	2D ECHO + CONSULT-ING	17/10/2025	1	3500
7	GASTROENTEROLOGIST VISIT	17/10/2025, 18/10/2025	2	3000
8	ECG	16/10/2025	1	500
9	CHEST X-RAY	16/10/2025	1	1200
10	ENDOSCOPY CHARGES	18/10/2025	1	12000
11	LAB CHARGE	16/10/2025	1	5900
12	MEDICAL BILL CHARGE	16/10/2025	1	31963
13	SURGEON VISIT	16/10/2025	1	1500
14	Dietitian visit	17/10/2025	2	1400
15	Dr.Sumedh(Twin Sharing)	17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025	5	6000
16	CT ABDOMEN PLAIN & CONTRAST	16/10/2025	1	6500
				<b>Paid Amount</b> <b>118663</b>
				<b>Grand Total</b> <b>118663</b>

**Payment Mode:** Online

---

Patient Signature

---

Hospital Authority