



Reg No: MH/THA/NA073

**Patient Name:** MR. MUNIR SHAIKH  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 29/09/2025

**IPD ID:** IPD/81/09/2025  
**Receipt No.:** IPD-IPD/81/09/2025  
**UH ID:** AH/09/2025/77  
**Discharged Date:** 03/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	29/09/2025 - 01/10/2025	2 days	13800
2	Room Charge For Triple Sharing	01/10/2025 - 04/10/2025	3 days	12900
3	Registration	29/09/2025	1	500
4	VEINFLOW	29/09/2025	1	200
5	MONITOR	29/09/2025, 30/09/2025	2	2000
6	HGT	29/09/2025	1	100
7	ECG	29/09/2025	2	1000
8	BEDSIDE XRAY/EMERGENCY XRAY	29/09/2025	1	1200
9	2D ECHO	30/09/2025	1	3000
10	Dr.Sumedh(Triple Sharing)	30/09/2025, 01/10/2025, 02/10/2025	3	3000
11	Dr.Sumedh(ICU)	29/09/2025	1	1600
12	EMERGENCY CHARGES	29/09/2025	1	1500
				Discount 2800
				Paid Amount 38000
				Grand Total 40800

**Payment Mode:** Online

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Patient Signature

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Hospital Authority