



**Patient Name:** MR. NARENDRA KALYANI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 20706072025  
**Receipt No.:** IPD-20706072025  
**Admitted Date:** 05/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	05/07/2025	1 day	6900
2	Room Charge For Triple Sharing	06/07/2025	1 day	4300
3	O2	05/07/2025	1	2000
4	VEINFLOW	05/07/2025	1	200
5	Registration	05/07/2025	1	500
6	MONITOR	05/07/2025	1	1000
7	HGT	05/07/2025, 06/07/2025	4	400
8	ECG	05/07/2025	3	1500
9	CHEST X-RAY	05/07/2025	1	1000
10	Dietitian visit	06/07/2025	1	700
11	Dr.Sumedh(ICU)	05/07/2025	1	1600
12	Dr.Sumedh(Triple Sharing)	06/07/2025	1	1000
13	EMERGENCY CHARGES	05/07/2025	1	1500
				<b>Discount</b> 1100
				<b>Grand Total</b> 21500

**Payment Mode:** Online

---

Patient Signature

---

Hospital Authority