



Reg No: MH/THA/NA073

**Patient Name:** RANJANA R.NAGVEKAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 03/11/2025

**IPD ID:** IPD/11/11/2025  
**Receipt No.:** IPD-IPD/11/11/2025  
**UH ID:** AH/11/2025/10  
**Discharged Date:** 06/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	03/11/2025 - 07/11/2025	4 days	17200
2	Registration	03/11/2025	1	500
3	HGT	03/11/2025	1	100
4	ECG	03/11/2025	1	500
5	CHEST X-RAY	03/11/2025	1	1000
6	O2	05/11/2025	1	2000
7	CATHETERISATION	05/11/2025	1	1500
8	Dietitian visit	05/11/2025	1	700
9	Dr.Sumedh(Triple Shar- ing)	04/11/2025, 05/11/2025	2	2000
10	OT ASSISTANT	06/11/2025	1	5000
11	OPERATION THEATRE CHARGES	06/11/2025	1	4000
12	ANAESTHESIA CHARGES	06/11/2025	1	5000
13	SURGEON CHARGES	06/11/2025	1	9000
Discount				3500
Paid Amount				45000
Grand Total				48500

**Payment Mode:** Online

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority