



Reg No: MH/THA/NA073

**Patient Name:** MRS.AAYESHA CHAUS  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 15/08/2025

**IPD ID:** IPD/36/08/2025  
**Receipt No.:** IPD-IPD/36/08/2025  
**UH ID:** AH6416062025  
**Discharged Date:** 17/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	15/08/2025 - 18/08/2025	3 days	18600
2	Registration	15/08/2025	1	500
3	VEINFLOW	15/08/2025	1	200
4	HGT	15/08/2025, 16/08/2025, 17/08/2025	8	800
5	ECG	15/08/2025	1	500
6	CHEST X-RAY	15/08/2025	1	1000
7	Dr.Sumedh(Single Room)	15/08/2025, 16/08/2025	2	2400
				<b>Paid Amount</b> <b>24000</b>
				<b>Grand Total</b> <b>24000</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority