



Reg No: MH/THA/NA073

**Patient Name:** MRS. VAISHALI AMOL SHETH  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 14/11/2025

**IPD ID:** IPD/33/11/2025  
**Receipt No.:** IPD-IPD/33/11/2025  
**UH ID:** AH/11/2025/29  
**Discharged Date:** 15/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	14/11/2025	1 day	6200
2	Registration	14/11/2025	1	500
3	HGT	14/11/2025, 15/11/2025	4	400
4	2D ECHO + CONSULT-ING	15/11/2025	1	3500
5	CHEST X-RAY	14/11/2025	1	1000
6	Dietitian visit	14/11/2025	2	1400
7	Dr.Sumedh(Single Room)	14/11/2025, 15/11/2025	2	2400
8	ECG	14/11/2025	4	2000
				<b>Paid Amount</b> 17400
				<b>Grand Total</b> 17400

**Payment Mode:** Online

---

Patient Signature

---

Hospital Authority