



**Patient Name:** MR. GANESH JAGTAP  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 20806072025  
**Receipt No.:** IPD-20806072025  
**Admitted Date:** 03/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	03/07/2025 - 05/07/2025	2 days	8600
2	Room Charge For Twin Sharing	05/07/2025 - 07/07/2025	2 days	11400
3	Registration	03/07/2025	1	500
4	HGT	03/07/2025, 04/07/2025, 05/07/2025, 06/07/2025, 07/07/2025	14	1400
5	ORTHO VISIT	06/07/2025	1	1500
6	Dietitian visit	04/07/2025	1	700
7	ECG	03/07/2025	1	500
8	CHEST X-RAY	03/07/2025, 06/07/2025	2	2000
9	2D ECHO	03/07/2025	1	3000
Grand Total				29600

**Payment Mode:** Online

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Patient Signature

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Hospital Authority