



Reg No: MH/THA/NA073

**Patient Name:** MRS. ASHA MORE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 16/10/2025

**IPD ID:** IPD/50/10/2025  
**Receipt No.:** IPD-IPD/50/10/2025  
**UH ID:** AH/08/2025/31  
**Discharged Date:** 18/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	16/10/2025 - 18/10/2025	2 days	8600
2	Registration	16/10/2025	1	500
3	VEINFLOW	16/10/2025	1	200
4	CHEST X-RAY	16/10/2025	1	1000
5	ECG	16/10/2025	1	500
6	HGT	16/10/2025, 17/10/2025, 18/10/2025	9	900
7	NEBULISATION	16/10/2025, 17/10/2025, 18/10/2025	9	1350
8	Dr.Sumedh(Triple Shar- ing)	16/10/2025, 17/10/2025, 18/10/2025	3	3000
Discount				3050
Paid Amount				13000
Grand Total				16050

**Payment Mode:** Online

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Patient Signature

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Hospital Authority