



Reg No: MH/THA/NA073

**Patient Name:** GAURI PADHI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 03/10/2025

**IPD ID:** IPD/17/10/2025  
**Receipt No.:** IPD-IPD/17/10/2025  
**UH ID:** AH/10/2025/17  
**Discharged Date:** 07/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	03/10/2025 - 07/10/2025	4 days	17200
2	Registration	03/10/2025	1	500
3	NEBULISATION	03/10/2025, 04/10/2025, 05/10/2025, 06/10/2025, 07/10/2025	11	1650
4	HGT	03/10/2025	1	100
5	Dietitian visit	06/10/2025	2	1400
6	ECG	03/10/2025	1	500
7	CHEST X-RAY	04/10/2025	1	1000
8	Dr.Sumedh(Triple Sharing)	04/10/2025, 06/10/2025, 07/10/2025	3	3000
				<b>Paid Amount</b> 25350
				<b>Grand Total</b> 25350

**Payment Mode:** Online

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Patient Signature

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Hospital Authority