



Reg No: MH/THA/NA073

**Patient Name:** KARTIK MHATRE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 23/08/2025

**IPD ID:** IPD/51/08/2025  
**Receipt No.:** IPD-IPD/51/08/2025  
**UH ID:** AH/08/2025/46  
**Discharged Date:** 27/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	23/08/2025 - 28/08/2025	5 days	21500
2	Registration	23/08/2025	1	500
3	HGT	23/08/2025	1	100
4	VEINFLOW	23/08/2025	1	200
5	RYLES TUBE INSERTION	23/08/2025	1	1200
6	Dietitian visit	25/08/2025	1	700
7	SURGEON VISIT	23/08/2025	1	1500
8	ECG	23/08/2025	1	500
9	Dr.Sumedh(Triple Sharing)	23/08/2025, 24/08/2025, 25/08/2025, 26/08/2025	4	4000
				<b>Discount</b> 1200
				<b>Paid Amount</b> 29000
				<b>Grand Total</b> 30200

**Payment Mode:** Online

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Patient Signature

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Hospital Authority