



Reg No: MH/THA/NA073

**Patient Name:** MRS. ANNAMMA MATHEW

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 28/08/2025

**IPD ID:** IPD/69/08/2025

**Receipt No.:** IPD-IPD/69/08/2025

**UH ID:** AH/08/2025/62

**Discharged Date:** 01/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	28/08/2025 - 01/09/2025	4 days	17200
2	Registration	28/08/2025	1	500
3	VEINFLOW	28/08/2025	1	200
4	ECG	28/08/2025	1	500
5	HGT	28/08/2025, 29/08/2025, 30/08/2025, 31/08/2025, 01/09/2025	13	1300
6	Dr.Sumedh(Triple Sharing)	29/08/2025, 30/08/2025, 31/08/2025, 01/09/2025	4	4000
				<b>Discount</b> 1400
				<b>Paid Amount</b> 22300
				<b>Grand Total</b> 23700

**Payment Mode:** Online

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Patient Signature

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Hospital Authority