



**Patient Name:** MRS. SUSHMA .R. KAMBLE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 18628062025  
**Receipt No.:** IPD-18628062025  
**Admitted Date:** 28/06/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	27/06/2025 - 01/07/2025	4 days	17200
2	Registration	28/06/2025	1	500
3	VEINFLOW	28/06/2025	1	200
4	ECG	28/06/2025	1	500
5	HGT	28/06/2025	1	100
6	Dietitian visit	29/06/2025	1	700
7	CHEST X-RAY	29/06/2025	1	1000
8	Dr.Sumedh(Triple Shar- ing)	29/06/2025, 30/06/2025	2	2000
Discount				4300
Grand Total				17900

**Payment Mode:** Online

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Patient Signature

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Hospital Authority