



Reg No: MH/THA/NA073

**Patient Name:** MR. HARISH GAIKAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 07/09/2025

**IPD ID:** IPD/25/09/2025  
**Receipt No.:** IPD-IPD/25/09/2025  
**UH ID:** AH/09/2025/24  
**Discharged Date:** 09/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	07/09/2025 - 10/09/2025	3 days	12900
2	Registration	07/09/2025	1	500
3	HGT	07/09/2025	1	100
4	ECG	07/09/2025	1	500
5	VEINFLOW	07/09/2025	1	200
6	Dr.Sumedh(Triple Sharing)	08/09/2025, 09/09/2025, 10/09/2025	5	5000
				<b>Discount</b> 2700
				<b>Paid Amount</b> 16500
				<b>Grand Total</b> 19200

**Payment Mode:** Online

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Patient Signature

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Hospital Authority