



**Patient Name:** MAHENDRA VITTHAL SHELAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 18527062025  
**Receipt No.:** IPD-18527062025  
**Admitted Date:** 27/06/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	27/06/2025 - 29/06/2025	2 days	12400
2	Registration	27/06/2025	1	500
3	VEINFLOW	27/06/2025	1	200
4	HGT	27/06/2025	1	100
5	ECG	27/06/2025	1	500
6	CHEST X-RAY	28/06/2025	1	1000
7	UROLOGIST VISIT	28/06/2025	1	2000
8	Dr.Sumedh(Single Room)	27/06/2025, 28/06/2025	2	2400
Grand Total				19100

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority