



Reg No: MH/THA/NA073

**Patient Name:** LAXMIBAI KIRDAK  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 11/09/2025

**IPD ID:** IPD/46/09/2025  
**Receipt No.:** IPD-IPD/46/09/2025  
**UH ID:** AH/09/2025/42  
**Discharged Date:** 16/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	11/09/2025 - 17/09/2025	6 days	34200
Discount				34200
Paid Amount				0
Grand Total				34200

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority