



Reg No: MH/THA/NA073

**Patient Name:** MS. ANANYA MISHRA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 03/08/2025

**IPD ID:** IPD/08/08/2025  
**Receipt No.:** IPD-IPD/08/08/2025  
**UH ID:** AH/08/2025/07  
**Discharged Date:** 05/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	03/08/2025 - 06/08/2025	3 days	12900
2	Registration	03/08/2025	1	500
3	HGT	03/08/2025	1	100
4	NEBULISATION	04/08/2025, 05/08/2025	4	600
5	VEINFLOW	04/08/2025	1	200
6	Dietitian visit	03/08/2025	1	700
7	ECG	03/08/2025	1	500
8	CHEST X-RAY	03/08/2025	1	1000
9	Dr.Sumedh(Triple Shar- ing)	04/08/2025	1	1000
Paid Amount				17500
Grand Total				17500

**Payment Mode:** Online

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Patient Signature

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Hospital Authority