



Reg No: MH/THA/NA073

Patient Name: HARSHAL SHINDE
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 23/09/2025

IPD ID: IPD/66/09/2025
Receipt No.: IPD-IPD/66/09/2025
UH ID: AH/09/2025/60
Discharged Date: 27/09/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	23/09/2025 - 27/09/2025	4 days	17200
2	Registration	23/09/2025	1	500
3	VEINFLOW	23/09/2025	1	200
4	Dr.Sumedh(Triple Shar- ing)	24/09/2025, 25/09/2025, 26/09/2025, 27/09/2025	4	4000
			Paid Amount	21900
			Grand Total	21900

Payment Mode: Online

Patient Signature

Hospital Authority