



**Patient Name:** MRS. ASHA SHARAD TEMBHE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 18901072025  
**Receipt No.:** IPD-18901072025  
**Admitted Date:** 30/06/2025

### Billing Details

| No                 | Description                    | Date                    | Qty    | Amount       |
|--------------------|--------------------------------|-------------------------|--------|--------------|
| 1                  | Room Charge For Triple Sharing | 30/06/2025 - 02/07/2025 | 2 days | 8600         |
| 2                  | Registration                   | 30/06/2025              | 1      | 500          |
| 3                  | HGT                            | 30/06/2025, 01/07/2025  | 2      | 200          |
| 4                  | ECG                            | 30/06/2025              | 1      | 500          |
| 5                  | CHEST X-RAY                    | 30/06/2025              | 1      | 1000         |
| <b>Grand Total</b> |                                |                         |        | <b>10800</b> |

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority