



Reg No: MH/THA/NA073

**Patient Name:** MR . SIDDHARTH JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 15/10/2025

**IPD ID:** IPD/47/10/2025  
**Receipt No.:** IPD-IPD/47/10/2025  
**UH ID:** AH/10/2025/43  
**Discharged Date:** 17/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	15/10/2025	1 day	4300
2	Room Charge For Twin Sharing	16/10/2025 - 18/10/2025	2 days	11400
3	Registration	15/10/2025	1	500
4	NEBULISATION	15/10/2025, 16/10/2025, 17/10/2025	9	1350
5	HGT	15/10/2025, 16/10/2025, 17/10/2025	6	600
6	Dr.Sumedh(Twin Sharing)	15/10/2025, 16/10/2025, 17/10/2025	3	3600
				<b>Discount</b> 21750
				<b>Paid Amount</b> 0
				<b>Grand Total</b> 21750

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority