



Reg No: MH/THA/NA073

**Patient Name:** MR. DAYANAND SONSURKAR

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 23/08/2025

**IPD ID:** IPD/53/08/2025

**Receipt No.:** IPD-IPD/53/08/2025

**UH ID:** AH/08/2025/48

**Discharged Date:** 25/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	23/08/2025 - 25/08/2025	2 days	8600
2	Registration	23/08/2025	1	500
3	VEINFLOW	23/08/2025	1	200
4	HGT	23/08/2025	1	100
5	CHEST X-RAY	23/08/2025	1	1000
6	ECG	23/08/2025	1	500
7	NEBULISATION	23/08/2025, 24/08/2025, 25/08/2025	6	900
8	Dr.Sumedh(Triple Sharing)	23/08/2025, 24/08/2025, 25/08/2025	3	3000
9	Dietitian visit	25/08/2025	1	700
				<b>Paid Amount</b>
				<b>15500</b>
				<b>Grand Total</b>
				<b>15500</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority