



Reg No: MH/THA/NA073

**Patient Name:** MRS. AMBIKA HAMBIR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 03/08/2025

**IPD ID:** IPD/12/08/2025  
**Receipt No.:** IPD-IPD/12/08/2025  
**UH ID:** AH/08/2025/11  
**Discharged Date:** 04/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	03/08/2025	1 day	6900
2	Registration	03/08/2025	1	500
3	VEINFLOW	03/08/2025	1	200
4	HGT	03/08/2025	1	100
5	ECG	03/08/2025	1	500
6	BEDSIDE XRAY	03/08/2025	1	1200
7	MONITOR	03/08/2025, 04/08/2025	2	2000
8	Dr.Sumedh(ICU)	04/08/2025	1	1600
				<b>Discount</b> 2000
				<b>Paid Amount</b> 11000
				<b>Grand Total</b> 13000

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority