



Reg No: MH/THA/NA073

Patient Name: SHAILAJA GADRE
Department: GENERAL MEDICINE
Consulting Dr.: Sumedh Kirdak
Admitted Date: 06/08/2025

IPD ID: IPD/15/08/2025
Receipt No.: IPD-IPD/15/08/2025
UH ID: AH/08/2025/14
Discharged Date: 08/08/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/08/2025 - 09/08/2025	3 days	12900
2	Registration	06/08/2025	1	500
3	NEBULISATION	06/08/2025, 07/08/2025, 08/08/2025	5	750
4	HGT	06/08/2025	1	100
5	ECG	06/08/2025	1	500
6	CHEST X-RAY	06/08/2025	1	1000
7	Dietitian visit	06/08/2025, 08/08/2025	2	1400
8	VEINFLOW	06/08/2025	1	200
9	Dr.Sumedh(Triple Sharing)	07/08/2025	1	1000
				Paid Amount 18350
				Grand Total 18350

Payment Mode: Online

Patient Signature

Hospital Authority