



Reg No: MH/THA/NA073

**Patient Name:** MR. PRASHANT MILIND JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 26/10/2025

**IPD ID:** IPD/87/10/2025  
**Receipt No.:** IPD-IPD/87/10/2025  
**UH ID:** AH/10/2025/71  
**Discharged Date:** 29/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	26/10/2025 - 29/10/2025	3 days	12900
2	Registration	26/10/2025	1	500
3	VEINFLOW	26/10/2025	1	200
4	NEBULISATION	27/10/2025, 28/10/2025, 29/10/2025	5	750
5	HGT	26/10/2025	1	100
6	ECG	26/10/2025	1	500
7	CHEST X-RAY	27/10/2025	1	1000
8	Dr.Sumedh(Triple Shar-ing)	26/10/2025, 27/10/2025, 28/10/2025	3	3000
Discount				1450
Paid Amount				17500
Grand Total				18950

**Payment Mode:** Online

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Patient Signature

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Hospital Authority