



Reg No: MH/THA/NA073

**Patient Name:** MR. SANTOSH GURAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 24/08/2025

**IPD ID:** IPD/55/08/2025  
**Receipt No.:** IPD-IPD/55/08/2025  
**UH ID:** AH/08/2025/50  
**Discharged Date:** 26/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	24/08/2025 - 27/08/2025	3 days	17100
2	Registration	24/08/2025	1	500
3	HGT	24/08/2025	1	100
4	VEINFLOW	24/08/2025	1	200
5	Dietitian visit	25/08/2025	1	700
6	ECG	24/08/2025	1	500
7	CHEST X-RAY	24/08/2025	1	1000
8	Dr.Sumedh(Twin Sharing)	25/08/2025	1	1200
				<b>Paid Amount</b>
				<b>21300</b>
				<b>Grand Total</b>
				<b>21300</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority