



Reg No: MH/THA/NA073

**Patient Name:** SUNITA JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 11/10/2025

**IPD ID:** IPD/39/10/2025  
**Receipt No.:** IPD-IPD/39/10/2025  
**UH ID:** AH/10/2025/37  
**Discharged Date:** 17/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	11/10/2025 - 18/10/2025	7 days	43400
Discount				43400
Paid Amount				0
Grand Total				43400

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority