



Reg No: MH/THA/NA073

**Patient Name:** MR. PRAVINKUMAR DANDU

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 09/09/2025

**IPD ID:** IPD/29/09/2025

**Receipt No.:** IPD-IPD/29/09/2025

**UH ID:** AH/09/2025/28

**Discharged Date:** 12/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	09/09/2025 - 13/09/2025	4 days	17200
2	HGT	09/09/2025	1	100
3	ECG	09/09/2025	1	500
4	Dr.Sumedh(Triple Sharing)	09/09/2025, 10/09/2025, 11/09/2025	3	3000
5	Registration	09/09/2025	1	500
				<b>Discount</b> 1300
				<b>Paid Amount</b> 20000
				<b>Grand Total</b> 21300

**Payment Mode:** Online

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Patient Signature

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Hospital Authority