



Reg No: MH/THA/NA073

Patient Name: MR . OMPRAKASH YADAV
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 06/09/2025

IPD ID: IPD/18/09/2025
Receipt No.: IPD-IPD/18/09/2025
UH ID: AH/09/2025/17
Discharged Date: 10/09/2025

Billing Details

| No | Description | Date | Qty | Amount |
|-------------|-----------------------------|--|--------|--------|
| 1 | Room Charge For Single Room | 06/09/2025 - 11/09/2025 | 5 days | 31000 |
| 2 | Registration | 06/09/2025 | 1 | 500 |
| 3 | VEINFLOW | 06/09/2025 | 1 | 200 |
| 4 | HGT | 06/09/2025 | 1 | 100 |
| 5 | ECG | 06/09/2025 | 1 | 500 |
| 6 | CHEST X-RAY | 06/09/2025 | 1 | 1000 |
| 7 | ORTHO VISIT | 09/09/2025 | 1 | 1500 |
| 8 | PHYSIO VISIT | 10/09/2025 | 1 | 500 |
| 9 | Dr.Sumedh(Single Room) | 06/09/2025, 07/09/2025, 08/09/2025, 09/09/2025, 10/09/2025 | 5 | 6000 |
| Discount | | | | 2300 |
| Paid Amount | | | | 39000 |
| Grand Total | | | | 41300 |

Payment Mode: Online

Patient Signature

Hospital Authority