



Reg No: MH/THA/NA073

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

**IPD ID:** IPD/33/10/2025  
**Receipt No.:** IPD-IPD/33/10/2025  
**UH ID:** AH/10/2025/34  
**Discharged Date:** 11/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	11/10/2025	1 day	5700
2	Registration	11/10/2025	1	500
3	HGT	11/10/2025	1	100
4	ECG	11/10/2025	1	500
5	VEINFLOW	11/10/2025	1	200
			<b>Paid Amount</b>	<b>7000</b>
			<b>Grand Total</b>	<b>7000</b>

**Payment Mode:** Cash

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

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