



**Patient Name:** MR. AJIT VERLEKAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 26124072025  
**Receipt No.:** IPD-26124072025  
**Admitted Date:** 22/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	22/07/2025 - 26/07/2025	4 days	17200
2	Registration	22/07/2025	1	500
3	O2	23/07/2025, 24/07/2025	2	4000
4	NEBULISATION	22/07/2025, 23/07/2025, 24/07/2025, 25/07/2025	8	1200
5	HGT	22/07/2025, 23/07/2025, 24/07/2025, 25/07/2025, 26/07/2025	13	1300
6	ECG	22/07/2025	1	500
7	CHEST X-RAY	22/07/2025	1	1000
8	VEINFLOW	25/07/2025	1	200
9	2D ECHO	25/07/2025	1	3000
10	Dr.Sumedh(Triple Sharing)	23/07/2025, 24/07/2025, 25/07/2025, 26/07/2025	4	4000
Grand Total				32900

**Payment Mode:** Online

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Patient Signature

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Hospital Authority