



Reg No: MH/THA/NA073

**Patient Name:** MR. HARISHANKAR GUPTA

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 04/09/2025

**IPD ID:** IPD/14/09/2025

**Receipt No.:** IPD-IPD/14/09/2025

**UH ID:** AH/09/2025/13

**Discharged Date:** 07/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	04/09/2025 - 07/09/2025	3 days	12900
2	Registration	04/09/2025	1	500
3	HGT	04/09/2025, 05/09/2025, 06/09/2025, 07/09/2025	12	1200
4	VEINFLOW	04/09/2025	1	200
5	ECG	05/09/2025	1	500
6	Dr.Sumedh(Triple Sharing)	05/09/2025, 06/09/2025, 07/09/2025	3	3000
				<b>Paid Amount</b> 18300
				<b>Grand Total</b> 18300

**Payment Mode:** Online

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Patient Signature

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Hospital Authority