



Reg No: MH/THA/NA073

Patient Name: MR . KAILAS DHULE
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 12/11/2025

IPD ID: IPD/27/11/2025
Receipt No.: IPD-IPD/27/11/2025
UH ID: AH/11/2025/23
Discharged Date: 14/11/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	12/11/2025 - 15/11/2025	3 days	12900
2	Registration	12/11/2025	1	500
3	HGT	12/11/2025	1	100
4	ECG	12/11/2025	1	500
5	CHEST X-RAY	12/11/2025	1	1000
6	Dr.Sumedh(Triple Shar- ing)	12/11/2025, 13/11/2025	2	2000
Discount				2000
Paid Amount				15000
Grand Total				17000

Payment Mode: Cash

Patient Signature

Hospital Authority