



Reg No: MH/THA/NA073

Patient Name: MRS. CHITRA ARUN HINDURAO
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 08/11/2025

IPD ID: IPD/20/11/2025
Receipt No.: IPD-IPD/20/11/2025
UH ID: AH/11/2025/17
Discharged Date: 11/11/2025

Billing Details

| No | Description | Date | Qty | Amount |
|-------------|--------------------------------|--|--------|--------|
| 1 | Room Charge For Triple Sharing | 08/11/2025 - 12/11/2025 | 4 days | 17200 |
| 2 | Registration | 08/11/2025 | 1 | 500 |
| 3 | VEINFLOW | 08/11/2025 | 1 | 200 |
| 4 | HGT | 08/11/2025, 09/11/2025, 10/11/2025, 11/11/2025 | 9 | 900 |
| 5 | Dietitian visit | 10/11/2025 | 2 | 1400 |
| 6 | Dr.Sumedh(Triple Shar- ing) | 09/11/2025, 10/11/2025 | 2 | 2000 |
| 7 | ECG | 08/11/2025 | 1 | 500 |
| 8 | CHEST X-RAY | 08/11/2025 | 1 | 1000 |
| Discount | | | | 3300 |
| Paid Amount | | | | 20400 |
| Grand Total | | | | 23700 |

Payment Mode: Cash

Patient Signature

Hospital Authority