



Reg No: MH/THA/NA073

Patient Name: SUNIL GAONKAR
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 13/09/2025

IPD ID: IPD/44/09/2025
Receipt No.: IPD-IPD/44/09/2025
UH ID: AH/09/2025/39
Discharged Date: 16/09/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|--------------------------------|--|--------|--------------------------|
| 1 | Room Charge For Triple Sharing | 13/09/2025 - 16/09/2025 | 3 days | 12900 |
| 2 | Registration | 13/09/2025 | 1 | 500 |
| 3 | VEINFLOW | 13/09/2025 | 1 | 200 |
| 4 | ECG | 13/09/2025 | 1 | 500 |
| 5 | CHEST X-RAY | 14/09/2025 | 1 | 1000 |
| 6 | HGT | 13/09/2025, 15/09/2025, 16/09/2025 | 6 | 600 |
| 7 | Dr.Sumedh(Triple Sharing) | 13/09/2025, 14/09/2025, 15/09/2025, 16/09/2025 | 4 | 4000 |
| | | | | Discount 1700 |
| | | | | Paid Amount 18000 |
| | | | | Grand Total 19700 |

Payment Mode: Cash

Patient Signature

Hospital Authority