



Reg No: MH/THA/NA073

**Patient Name:** SHAILAJA GADRE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 06/08/2025

**IPD ID:** IPD/15/08/2025  
**Receipt No.:** IPD-IPD/15/08/2025  
**UH ID:** AH/08/2025/14  
**Discharged Date:** 08/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/08/2025 - 09/08/2025	3 days	12900
2	Registration	06/08/2025	1	500
3	NEBULISATION	06/08/2025, 07/08/2025, 08/08/2025	5	750
4	HGT	06/08/2025	1	100
5	ECG	06/08/2025	1	500
6	CHEST X-RAY	06/08/2025	1	1000
7	Dietitian visit	06/08/2025, 08/08/2025	2	1400
8	VEINFLOW	06/08/2025	1	200
9	Dr.Sumedh(Triple Shar- ing)	07/08/2025	1	1000
Paid Amount				18350
Grand Total				18350

**Payment Mode:** Online

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Patient Signature

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Hospital Authority