



Reg No: MH/THA/NA073

**Patient Name:** MAMTA KIRAN PARAD  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 13/10/2025

**IPD ID:** IPD/55/10/2025  
**Receipt No.:** IPD-IPD/55/10/2025  
**UH ID:** AH/10/2025/50  
**Discharged Date:** 27/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	13/10/2025	1 day	4300
2	Room Charge For Twin Sharing	14/10/2025 - 27/10/2025	13 days	74100
3	Registration	13/10/2025	1	500
4	HGT	13/10/2025	1	100
5	RYLES TUBE INSERTION	13/10/2025	1	1200
6	SURGEON VISIT	13/10/2025	1	1500
7	UROLOGIST VISIT	15/10/2025	1	2000
8	GASTROENTEROLOGIST VISIT	18/10/2025, 20/10/2025	2	4000
9	Dietitian visit	15/10/2025	2	1400
10	ECG	13/10/2025, 26/10/2025	2	1000
11	OPHTHALMOLOGIST VISIT	20/10/2025	1	1500
12	Dr.Sumedh(Triple Sharing)	14/10/2025	1	1000
13	Dr.Sumedh(Twin Sharing)	15/10/2025, 16/10/2025, 17/10/2025, 18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025, 22/10/2025, 23/10/2025, 24/10/2025, 25/10/2025, 26/10/2025, 27/10/2025	13	15600
14	LAB CHARGE	13/10/2025	1	12040
15	MEDICAL BILL CHARGE	13/10/2025	1	36160
16	CHEST X-RAY	13/10/2025	1	1200
Discount				4400
Paid Amount				153200

**Grand Total**

**157600**

**Payment Mode: Online**

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Patient Signature

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Hospital Authority