



Reg No: MH/THA/NA073

**Patient Name:** MR . SARTHAK NANDKISHOR PADWAL  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 06/09/2025

**IPD ID:** IPD/20/09/2025  
**Receipt No.:** IPD-IPD/20/09/2025  
**UH ID:** AH/09/2025/19  
**Discharged Date:** 12/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/09/2025 - 12/09/2025	6 days	25800
2	Registration	06/09/2025	1	500
3	HGT	06/09/2025	1	100
4	VEINFLOW	06/09/2025	1	200
5	ECG	06/09/2025	1	500
6	CHEST X-RAY	07/09/2025	1	1000
7	SURGEON VISIT	11/09/2025	1	1500
8	Dr.Sumedh(Triple Shar- ing)	06/09/2025, 08/09/2025, 09/09/2025, 10/09/2025, 11/09/2025, 12/09/2025	6	6000
Paid Amount				35600
Grand Total				35600

**Payment Mode:** Online

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Patient Signature

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Hospital Authority