



Reg No: MH/THA/NA073

**Patient Name:** MRS. VIJAYA SHARMA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 04/08/2025

**IPD ID:** IPD/14/08/2025  
**Receipt No.:** IPD-IPD/14/08/2025  
**UH ID:** AH/08/2025/13  
**Discharged Date:** 07/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	04/08/2025 - 08/08/2025	4 days	17200
Discount				17200
Paid Amount				0
Grand Total				17200

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority