



Patient Name: ROSHAN VILAS BHOIR
Department: GENERAL MEDICINE
Consulting Dr.: Sumedh Kirdak

IPD ID: 19703072025
Receipt No.: IPD-19703072025
Admitted Date: 02/07/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	02/07/2025 - 05/07/2025	3 days	12900
2	Registration	02/07/2025	1	500
3	HGT	02/07/2025	1	100
4	Dietitian visit	04/07/2025	1	700
5	ECG	02/07/2025	1	500
6	CHEST X-RAY	02/07/2025	1	1000
7	Dr.Sumedh(Triple Sharing)	02/07/2025, 03/07/2025	2	2000
8	VEINFLOW	04/07/2025	1	200
				Discount 1500
				Grand Total 16400

Payment Mode: Cash

Patient Signature

Hospital Authority