



Reg No: MH/THA/NA073

**Patient Name:** MRS . SARIKA BANDAL  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 06/09/2025

**IPD ID:** IPD/21/09/2025  
**Receipt No.:** IPD-IPD/21/09/2025  
**UH ID:** AH/09/2025/20  
**Discharged Date:** 09/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/09/2025 - 09/09/2025	3 days	12900
2	Registration	06/09/2025	1	500
3	HGT	06/09/2025	1	100
4	ECG	06/09/2025	1	500
5	CHEST X-RAY	06/09/2025	1	1000
6	VEINFLOW	06/09/2025	1	200
7	O2	06/09/2025, 07/09/2025, 08/09/2025	3	6000
8	BLOOD TRANSFUSION	07/09/2025	1	1500
9	NEBULISATION	06/09/2025, 07/09/2025, 08/09/2025, 09/09/2025	10	1500
10	Dr.Sumedh(Triple Sharing)	06/09/2025, 08/09/2025, 09/09/2025	3	3000
				<b>Discount</b> 700
				<b>Paid Amount</b> 26500
				<b>Grand Total</b> 27200

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority