



Reg No: MH/THA/NA073

Patient Name: MR. HARISH GAIKAR
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 07/09/2025

IPD ID: IPD/25/09/2025
Receipt No.: IPD-IPD/25/09/2025
UH ID: AH/09/2025/24
Discharged Date: 09/10/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	07/09/2025 - 10/09/2025	3 days	12900
2	Registration	07/09/2025	1	500
3	HGT	07/09/2025	1	100
4	ECG	07/09/2025	1	500
5	VEINFLOW	07/09/2025	1	200
6	Dr.Sumedh(Triple Shar- ing)	08/09/2025, 09/09/2025, 10/09/2025	5	5000
Discount				2700
Paid Amount				16500
Grand Total				19200

Payment Mode: Online

Patient Signature

Hospital Authority