



Reg No: MH/THA/NA073

Patient Name: MR. DHONDIRAM VARANDE
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 06/11/2025

IPD ID: IPD/16/11/2025
Receipt No.: IPD-IPD/16/11/2025
UH ID: AH/11/2025/13
Discharged Date: 10/11/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	06/11/2025 - 10/11/2025	4 days	22800
2	Registration	06/11/2025	1	500
3	HGT	06/11/2025	1	100
4	ECG	06/11/2025	1	500
5	CHEST X-RAY	06/11/2025	1	1000
6	Dr.Sumedh(Twin Sharing)	06/11/2025, 07/11/2025, 08/11/2025, 09/11/2025, 10/11/2025	5	6000
7	VEINFLOW	06/11/2025	1	200
Discount				1100
Paid Amount				30000
Grand Total				31100

Payment Mode: Online

Patient Signature

Hospital Authority