



Reg No: MH/THA/NA073

**Patient Name:** SANJAY JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 26/08/2025

**IPD ID:** IPD/68/08/2025  
**Receipt No.:** IPD-IPD/68/08/2025  
**UH ID:** AH/08/2025/61  
**Discharged Date:** 28/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	26/08/2025 - 29/08/2025	3 days	12900
2	Registration	26/08/2025	1	500
3	HGT	26/08/2025	1	100
4	VEINFLOW	26/08/2025	1	200
5	ECG	26/08/2025	1	500
6	CHEST X-RAY	26/08/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	26/08/2025, 27/08/2025	2	2000
Discount				1200
Paid Amount				16000
Grand Total				17200

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority