



Reg No: MH/THA/NA073

**Patient Name:** MRS. ASHA MORE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 14/08/2025

**IPD ID:** IPD/34/08/2025  
**Receipt No.:** IPD-IPD/34/08/2025  
**UH ID:** AH/08/2025/31  
**Discharged Date:** 19/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	14/08/2025 - 20/08/2025	6 days	25800
2	Registration	14/08/2025	1	500
3	VEINFLOW	14/08/2025	1	200
4	BLOOD TRANSFUSION	16/08/2025	1	1500
5	HGT	14/08/2025, 15/08/2025, 16/08/2025, 17/08/2025, 18/08/2025, 19/08/2025	17	1700
6	Dietitian visit	15/08/2025	1	700
7	ECG	14/08/2025	1	500
8	CHEST X-RAY	14/08/2025	1	1000
9	ONCOLOGIST VISIT	15/08/2025, 18/08/2025	2	3000
10	Dr.Sumedh(Triple Sharing)	14/08/2025, 15/08/2025, 16/08/2025, 17/08/2025, 18/08/2025	5	5000
				Discount 4900
				Paid Amount 35000
				Grand Total 39900

**Payment Mode:** Online

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Patient Signature

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Hospital Authority