



Reg No: MH/THA/NA073

**Patient Name:** LAXMIBAI BARKU IRMALI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 30/08/2025

**IPD ID:** IPD/81/08/2025  
**Receipt No.:** IPD-IPD/81/08/2025  
**UH ID:** AH/08/2025/72  
**Discharged Date:** 03/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	30/08/2025	1 day	6900
2	Room Charge For Triple Sharing	31/08/2025 - 04/09/2025	4 days	17200
3	Registration	30/08/2025	1	500
4	VEINFLOW	30/08/2025	1	200
5	O2	30/08/2025, 31/08/2025, 01/09/2025, 02/09/2025, 03/09/2025	5	10000
6	MONITOR	30/08/2025	1	1000
7	HGT	30/08/2025	1	100
8	CATHETERISATION	30/08/2025	1	1500
9	ECG	30/08/2025	1	500
10	BEDSIDE XRAY/EMERGENCY XRAY	30/08/2025	1	1200
11	Dietitian visit	30/08/2025	1	700
12	PHYSIO VISIT	30/08/2025, 31/08/2025	2	1000
13	Dr.Sumedh(ICU)	30/08/2025, 31/08/2025	2	3200
14	Dr.Sumedh(Triple Sharing)	01/09/2025, 02/09/2025	2	2000
15	NEBULISATION	30/08/2025, 31/08/2025, 01/09/2025, 02/09/2025, 03/09/2025, 04/09/2025	20	3000
Discount				2000
Paid Amount				47000
Grand Total				49000

**Payment Mode:** Cash

Patient Signature

Hospital Authority