

Patient Name: Abishek
Department: Cardiologyx
Consulting Dr.: Yash

IPD ID: 10213052025

**Receipt No.:** IPD-10213052025 **Admitted Date:** 13/05/2025

## **Billing Details**

No	Description	Date	Qty	Amount (¹)
1	Room Charge (Type 1)	13/05/2025	1 day	1000
			Discount	0
			Grand Total	1000

Payment Mode Cash	
Patient Signature	Hospital Authority