



**Patient Name:** Atharv  
**Department:** Cardiology  
**Consulting Dr.:** Yash

**IPD ID:** 4418042025  
**Receipt No.:** IPD-4418042025  
**Admitted Date:** 18/04/2025

**Billing Details**

No	Description	Date	Qty	Amount (')
1	Room Charge (Type 1)	18/04/2025	1 day	1000
Discount				50
Grand Total				950

**Payment Mode**  
Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority