



Patient Name: Tejas Pawar
Department: Cardiology
Consulting Dr.: Yash

IPD ID: 4118042025
Receipt No.: IPD-4118042025
Admitted Date: 18/04/2025

Billing Details

| No | Description | Date | Qty | Amount (') |
|-------------|----------------------|------------|-------|------------|
| 1 | Room Charge (Type 1) | 18/04/2025 | 1 day | 1000 |
| Discount | | | | 1500 |
| Grand Total | | | | 1000 |

Payment Mode

Cash

Patient Signature

Hospital Authority