



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

IPD ID: 4318042025
Receipt No.: IPD-4318042025
Admitted Date: 18/04/2025

Billing Details

No	Description	Date	Qty	Amount (')
1	Room Charge (Type 1)	18/04/2025	1 day	1000
Discount				500
Grand Total				500

Payment Mode

Cash

Patient Signature

Hospital Authority