



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

**IPD ID:** 10713052025  
**Receipt No.:** IPD-10713052025  
**Admitted Date:** 13/05/2025

**Billing Details**

No	Description	Date	Qty	Amount (')
1	Room Charge (Type 6)	13/05/2025	1 day	5000
2	Emerency	13/05/2025	1	1000
3	Doctor Visit - Mahesh1	13/05/2025	1	299
Discount				0
Grand Total				6299

**Payment Mode**

Cash

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

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