

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

IPD ID: 10013052025

**Receipt No.:** IPD-10013052025 **Admitted Date:** 13/05/2025

## **Billing Details**

| No | Description          | Date       | Qty         | Amount (¹) |
|----|----------------------|------------|-------------|------------|
| 1  | Room Charge (Type 1) | 13/05/2025 | 2 days      | 2000       |
|    |                      |            | Discount    | 0          |
|    |                      |            | Grand Total | 2000       |

| Payment Mode        |                      |
|---------------------|----------------------|
| Cash                |                      |
| Dational Cinnellana | Librarital Authority |
| Patient Signature   | Hospital Authority   |