



**Patient Name:** kajal  
**Department:** Cardiologyxcv  
**Consulting Dr.:** Yash

**IPD ID:** 8309052025  
**Receipt No.:** IPD-8309052025  
**Admitted Date:** 09/05/2025

**Billing Details**

No	Description	Date	Qty	Amount (')
1	Room Charge (Type 1)	09/05/2025	0 days	0
Discount				0
Grand Total				0

**Payment Mode**  
Cash

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

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