

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

IPD ID: 3510042025

**Receipt No.:** IPD-3510042025 **Admitted Date:** 10/04/2025

## **Billing Details**

No	Description	Date	Qty	Amount (¹)
1	Room Charge (Type 1)	10/04/2025	1 day	700
2	HGT	11/04/2025	1	1000
3	Emerency	11/04/2025	1	1000
4	Doctor Visit - Vijay	11/04/2025	1	690
			Grand Total	3390

-	nt Mode	
Cash		
	Patient Signature	Hospital Authority