

Patient Name: Rohit Linge Department: Cardiologyxcv Consulting Dr.: Yash **IPD ID:** 8510052025

**Receipt No.:** IPD-8510052025 **Admitted Date:** 10/05/2025

## **Billing Details**

No	Description	Date	Qty	Amount (¹)
1	Room Charge (Type 1)	10/05/2025	2 days	2000
			Discount	0
			Grand Total	2000

Payment Mode	
Cash	
Patient Signature	Hospital Authority