

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

**IPD ID:** 4018042025

**Receipt No.:** IPD-4018042025 **Admitted Date:** 18/04/2025

## **Billing Details**

No	Description	Date	Qty	Amount (¹)
1	Room Charge (Type 1)	18/04/2025	1 day	1000
			Grand Total	1000

Payment Mode	
Cash	
Patient Signature	Hospital Authority