



**Patient Name:** MRS LAXMI KADAM  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 16013062025  
**Receipt No.:** IPD-16013062025  
**Admitted Date:** 09/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	09/06/2025 - 15/06/2025	6 days	31800
Discount				31800
Grand Total				0

**Payment Mode:** Cash

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

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