



**Patient Name:** ASHA GOPE HARGUNANI  
**Department:** Cardiology  
**Consulting Dr.:** Dr.Gajanan GAWANDE

**IPD ID:** 20405072025  
**Receipt No.:** IPD-20405072025  
**Admitted Date:** 03/07/2025

### Billing Details

| No          | Description                 | Date                    | Qty    | Amount |
|-------------|-----------------------------|-------------------------|--------|--------|
| 1           | Room Charge For ICU         | 03/07/2025 - 05/07/2025 | 2 days | 13800  |
| 2           | Room Charge For Single Room | 05/07/2025              | 1 day  | 6200   |
| Discount    |                             |                         |        | 20000  |
| Grand Total |                             |                         |        | 0      |

**Payment Mode:** Online

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

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