



**Patient Name:** MRS. ARTI CHAVAN  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 12627052025  
**Receipt No.:** IPD-12627052025  
**Admitted Date:** 27/05/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	26/05/2025 - 30/05/2025	4 days	15200
<b>Grand Total</b>				<b>15200</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority