



**Patient Name:** MRS.SHAKUNTALA OVHAL  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 16113062025  
**Receipt No.:** IPD-16113062025  
**Admitted Date:** 10/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	10/06/2025 - 14/06/2025	4 days	15200
Discount				15200
Grand Total				0

**Payment Mode:** Cash

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

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