



**Patient Name:** MRS MOHINI MOHAN SHINDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 18126062025  
**Receipt No.:** IPD-18126062025  
**Admitted Date:** 26/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	25/06/2025 - 28/06/2025	3 days	12900
<b>Grand Total</b>				<b>12900</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority