



**Patient Name:** MRS. SAYLI DORKADE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 12527052025  
**Receipt No.:** IPD-12527052025  
**Admitted Date:** 26/05/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	25/05/2025 - 28/05/2025	3 days	14400
<b>Grand Total</b>				<b>18700</b>

**Payment Mode:** Cash

---

Patient Signature

---

Hospital Authority