



**Patient Name:** MRS.kunda s. kulkarni  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 11725052025  
**Receipt No.:** IPD-11725052025  
**Admitted Date:** 21/05/2025

### Billing Details

| No                 | Description                 | Date                    | Qty     | Amount       |
|--------------------|-----------------------------|-------------------------|---------|--------------|
| 1                  | Room Charge For Single Room | 20/05/2025 - 30/05/2025 | 10 days | 53000        |
| <b>Grand Total</b> |                             |                         |         | <b>53000</b> |

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority