



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
Grand Total				12900

Payment Mode: Cash

Patient Signature

Hospital Authority