



**Patient Name:** MR.SHILDHAN RAUT  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 12830052025  
**Receipt No.:** IPD-12830052025  
**Admitted Date:** 27/05/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	27/05/2025 - 30/05/2025	3 days	11400
				<b>Discount</b> 11400
				<b>Grand Total</b> 0

**Payment Mode :** Cash

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Patient Signature

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Hospital Authority