



**Patient Name:** MRS. SHAILAJA ZENDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 13804062025  
**Receipt No.:** IPD-13804062025  
**Admitted Date:** 31/05/2025

### Billing Details

| No          | Description                 | Date                    | Qty     | Amount |
|-------------|-----------------------------|-------------------------|---------|--------|
| 1           | Room Charge For Single Room | 30/05/2025 - 09/06/2025 | 10 days | 53000  |
| Discount    |                             |                         |         | 53000  |
| Grand Total |                             |                         |         | 0      |

**Payment Mode:** Cash

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority