



**Patient Name:** MRS PALVI JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 13331052025  
**Receipt No.:** IPD-13331052025  
**Admitted Date:** 31/05/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	30/05/2025 - 01/06/2025	2 days	9600
Grand Total				9600

**Payment Mode:** Cash

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

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