



**Patient Name:** SHIMAGI KADALI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 23012072025  
**Receipt No.:** IPD-23012072025  
**Admitted Date:** 12/07/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	12/07/2025	1 day	4300
2	Registration	12/07/2025	1	500
3	HGT	12/07/2025	1	100
4	ECG	12/07/2025	1	500
5	CHEST X-RAY	12/07/2025	1	1000
6	Dr.Sumedh(Triple Shar-ing)	12/07/2025	1	1000
Grand Total				7400

**Payment Mode:** Cash

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

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