



**Patient Name:** SUDHIR MANMOHAN CHITRE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 23716072025  
**Receipt No.:** IPD-23716072025  
**Admitted Date:** 03/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	03/07/2025 - 10/07/2025	7 days	39900
Grand Total				39900

**Payment Mode:** Cash

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

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