



**Patient Name:** MR. VINAYAK NIRPHARAKE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 14707062025  
**Receipt No.:** IPD-14707062025  
**Admitted Date:** 03/06/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	03/06/2025 - 07/06/2025	4 days	15200
Grand Total				15200

**Payment Mode:** Cash

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

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