



Patient Name: MRS. DIPA DIWAKAR GADRE
Department: GENERAL MEDICINE
Consulting Dr.: Sumedh Kirdak

IPD ID: 17321062025
Receipt No.: IPD-17321062025
Admitted Date: 21/06/2025

Billing Details

| No | Description | Date | Qty | Amount |
|-------------|--------------------------------|-------------------------|--------|--------|
| 1 | Room Charge For ICU | 21/06/2025 - 25/06/2025 | 4 days | 27600 |
| 2 | Room Charge For Triple Sharing | 25/06/2025 - 30/06/2025 | 5 days | 21500 |
| Grand Total | | | | 49100 |

Payment Mode: Online

Patient Signature

Hospital Authority