



**Patient Name:** MRS.AAYESHA CHAUS  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 16416062025  
**Receipt No.:** IPD-16416062025  
**Admitted Date:** 16/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	16/06/2025 - 22/06/2025	6 days	41400
				<b>Discount</b> 41400
				<b>Grand Total</b> 0

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority