



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

**IPD ID:** 14907062025  
**Receipt No.:** IPD-14907062025  
**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                 |
|    |                                |                         |        | <b>Discount</b> 15200 |
|    |                                |                         |        | <b>Grand Total</b> 0  |

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority