



**Patient Name:** MR. OM PRAKASH RAM  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 13503062025  
**Receipt No.:** IPD-13503062025  
**Admitted Date:** 02/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	01/06/2025 - 03/06/2025	2 days	7600
<b>Grand Total</b>				<b>7600</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority