



**Patient Name:** MRS. VARSHA KELKAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 13603062025  
**Receipt No.:** IPD-13603062025  
**Admitted Date:** 02/06/2025

### Billing Details

No	Description	Date	Qty	Amount
<b>Grand Total</b>				<b>0</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority