Receipt

HR No	:	**11441**	Receipt No	:	**050163**
Patient Name	:	**Mrs. LAKSHMI RAMANI**	Receipt Date	:	**14-11-2026 | 03:55:52 pm**
Age	:	**80Y 7M / Female**			

Received **Rs.Sixteen Thousand Three Hundred And Eighty-seven (16387)** only from **Mr. / Ms.** LAKSHMI RAMANI/ attender on the account of / for the purpose of **After insurance approval & final bill completed** Therefore, mode of payment is **Card - 767593**, with thanks.

Authorized Signatory

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