

1st Floor, Above SBI, Shyam Swastik, Plot No 4, Sector 19, Ulwe (+91) 8097090308 / 8097653705 hospitalfeenixx@gmail.com www.feenixhospital.com

Invoice

Invoice Number	Date
FXH2023013	30-08-2023

Patient Information

Patient ID	123/23
Patient Name	Shirin Ragbansingh
Addmission Date & Time	30-08-2023 18:30
Discharge Date & Time	01-09-2023 12:57:23
Surgery Date	
Consultant	DR. SWAPNIL GANESHPURE
Diseases	

Invoice Details

Description	Price	Unit	Total
Registration Charges	1000	1	1000
Bed Charges	166.66666666667	6	6000
Dr. Visit Charges	166.66666666667	6	6000
Nursing Charges	166.66666666667	6	6000

Payment Summary

Total:	19000
Total Paid Amount:	0
Total Remaining Amount:	19000

For any inquiries or questions, please contact us at (+91) 8097090308 / 8	8097653705 or
hospitalfeenixx@gmail.com.	

Thank you!