



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
FXH2023003	12/06/2023

## Customer Information

Customer ID	Customer Name
LCT24609079	Shirin Ragbansingh

## Invoice Details

Description	Unit Price
Registration Charges	1000
Nursing Charges	1000
Bed Charges	1000
O2 Charges	1500
Dr. Visit Charges	1500

## Payment Summary

Discount:	500
Total:	5500

## Payment Details

Payment Method:	Online
-----------------	--------

**For any inquiries or questions, please contact us at (+91) 8097090308 / 8097653705 or [hospitalfeenixx@gmail.com](mailto:hospitalfeenixx@gmail.com).**

Thank you !