



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

Invoice Number	Date
FXH2023005	02-08-2023

Patient Information

Patient ID	OFJ62863667
Patient Name	Sharon Ragbansingh
Date of Addmission	02-08-2023 20:30
Date of Discharge	03-08-2023 06:12:08
Surgery Date	02-08-2023
Consultant	DR. SWAPNIL GANESHPURE

Invoice Details

Description	Price	Unit	Total
Registration Charges	1000	1	1000
Bed Charges	500	2	1000
1st Consultant Charges	1000	1	1000
Dr. Visit Charges	500	2	1000
Nursing Charges	500	2	1000

Payment Summary

Total:	5000
Total Paid Amount:	2500
Total Remaining Amount:	2500

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

Thank you !