



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
FXH2023030	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 02:02:01
Surgery Date	
Consultant	DR. SWAPNIL GANESHPURE
Diseases	

Invoice Details

Description	Price	Unit	Total
Registration Charges	1000	1	1000
Bed Charges	1000	6	6000
Dr. Visit Charges	1000	6	6000
Nursing Charges	1000	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 / 8097653705 or hospitalfeenix@gmail.com.

Thank you !