

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	27-07-2023

Patient Information

Patient ID	LCT24609079
Patient Name	Shirin Ragbansingh
Date of Addmission	27-07-2023
Date of Discharge	28-07-2023
Consultant	DR. SWAPNIL GANESHPURE

Invoice Details

Date	Description	Price	Unit	Total
27-07-2023	Dr. Visit Charges	500	1	500
27-07-2023	Nursing Charges	1000	2	2000
28-07-2023	Dr. Visit Charges	500	1	500
28-07-2023	Nursing Charges	500	1	500

Payment Summary

Total:	3500
Total Paid Amount:	1000
Total Remaining Amount:	2500

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

Thank you!