



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
FXH2023003	12/06/2023

Customer Information

Customer ID	Customer Name
LCT24609079	Shirin Ragbansingh

Invoice Details

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

Payment Summary

Discount:	500
Total:	5500

Payment Details

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

Thank you !