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www.feenixhospital.com**

Invoice

Invoice Number
FXH2023002

Date
29-07-2023

Customer Information

Customer ID
LCT24609079

Customer Name
Shirin Ragbansingh

Invoice Details

Description	Unit Price
Payment	150
Mediclaime	0

Payment Summary

Total:	150
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Payment Details

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

Thank you !