



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
FXH2023023	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 01:58:47
Surgery Date	
Consultant	DR. SWAPNIL GANESHPURE
Diseases	

## Invoice Details

Description	Price	Unit	Total
Registration Charges	1000	1	1000
Bed Charges	1000	6	36000
Dr. Visit Charges	1000	6	36000
Nursing Charges	1000	6	36000

## 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](mailto:hospitalfeenix@gmail.com).**

Thank you !