



1st Floor, Above SBI,
Shyam Swastik, Plot No 4, Sector 19, Ulwe
(+91) 8097090308 / 8097653705
hospitalfeenixx@gmail.com
www.feenixhospital.com

Invoice

Invoice Number
FXH2023004

Date
29-07-2023

Patient Information

Patient ID	LCT24609079
Patient Name	Shirin Ragbansingh
Date of Admission	30-07-2023
Date of Discharge	
Consultant	DR. SWAPNIL GANESHPURE

Invoice Details

Description	Price	Unit	Total
Registration Charges	1000	1	1000
Bed Charges	500	2	2000
Nursing Charges	250	2	1000

Payment Summary

Total:	4000
Total Paid Amount:	5000
Total Remaining Amount:	-1000

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

Thank you !