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# Invoice

Invoice Number	Date
FXH2023007	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 12:55:55
Surgery Date	
Consultant	DR. SWAPNIL GANESHPURE
Diseases	

## Invoice Details

Description	Price	Unit	Total
Registration Charges	1000	1	1000
Bed Charges	166.666666666667	6	6000
Dr. Visit Charges	166.666666666667	6	6000
Nursing Charges	166.666666666667	6	6000

## 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 !