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hospitalfeenixx@gmail.com  
www.feenixhospital.com

## Invoice

| Invoice Number | Date       |
|----------------|------------|
| FXH2023010     | 27-07-2023 |

## Customer Information

| Customer ID | Customer Name      |
|-------------|--------------------|
| LCT24609079 | Shirin Ragbansingh |

## Invoice Details

| Description     | Unit Price |
|-----------------|------------|
| Advance Payment | 1000       |

## Payment Summary

|        |      |
|--------|------|
| Total: | 1000 |
|--------|------|

## Payment Details

|                 |      |
|-----------------|------|
| Payment Method: | Card |
|-----------------|------|

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

Thank you !