**Shraddha Hospital**

**PMC Reg.No. LCBP-0506-01856**

Sr.No.43, Parashar Society, Pune Nagar Road,Chandannagar, Kharadi, Pune – 14.Mob: 9011052829

**Dr.(Mrs.) ShraddhaJadhav** **Dr.SanjivJadhav**

B.A.M.S. M.B.B.S. D.G.O.

Reg.No.I-20546 Reg.No.60876

Family Physician Obstetrician & Gynaecologist

Date: **09-01-2020** I.P.D. **2020/01/02** Bill No. **02**

Name: **Gavhane Aparna Amol**

D.O.A.: **05-01-2020** D.O.D.:  **09-01-2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 500 |
| Room Charges | 2000x5 |  | 10,000 |
| Consultation | 1500x5 |  | 7500 |
| Nursing | 1000x5 |  | 5000 |
| Delivery Charges |  |  | 23000 |
| Operative | - |  | - |
| Anaesthesia | 500x1 |  | 500 |
| Theatre Charges | 1000x1 |  | 1000 |
| IV Fluids |  |  | 400 |
| Injections |  |  | 900 |
| Medicines |  |  | 100 |
| Lab. Charges/Investigation |  |  |  |
| Paediatrician | (3 Days) |  | 5000 |
| Assistance |  |  | 3000 |
|  |  |  | **56900/** |

Received Rs. **Fifty Six Thousand Nine Hundred.**

By Cash / Cheque / D.D. No. : **By Cash**

(Receipt for payment other than in cash are subject to realization)

Receiver’s Signature