**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: **26-10-19** **I.P.D. 2019/10/09**  Bill No. **09**

Name: **Kharkar Varsha Chandramohan**

D.O.A.: **18-10-19** D.O.D.:  **26-10-19**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 1000 |
| Room Charges | 2000x9 |  | 18000 |
| Consultation | 1500x9 |  | 13500 |
| Nursing | 1000x9 |  | 9000 |
| Delivery Charges | - |  | - |
| Operative | LSCS |  | 23500 |
| Anaesthesia | SA |  | 6000 |
| Theatre Charges | 5000x1 |  | 5000 |
| IV Fluids |  |  | 1500 |
| Injections |  |  | 1200 |
| Medicines |  |  | 800 |
| Assistance | 3000x1 |  | 3000 |
| Paediatrician | 1000x9 |  | 9000 |
| Others |  |  |  |
|  |  |  | **91500/** |

Received Rs. **Ninety** **One** **Thousand Five Hundred Only/**

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

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

Receiver’s Signature