**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: **12-03-20** I.P.D. **2020/03/03** Bill No. **03**

Name: **Lagad Vidhya Ravindra**

D.O.A.: **03-03-2020** D.O.D.:  **12-03-20**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 500 |
| Room Charges |  | 1000x10 | 10,000 |
| Consultation |  | 800x10 | 8000 |
| Nursing |  | 600x10 | 6000 |
| Delivery Charges |  | - | - |
| Operative |  | LSCS | 23,500 |
| Anaesthesia |  | SA | 5000 |
| Theatre Charges |  | 4000x1 | 4000 |
| IV Fluids |  |  | 1500 |
| Injections |  |  | 1200 |
| Medicines |  |  | 800 |
| Lab. Charges/Investigation |  |  |  |
| Assistance/Paediatrician |  |  | 5000 |
| Others |  |  |  |
|  |  |  | **65,500/** |

Received Rs. **Sixty Five Thousand Five Hundred.**

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

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

Receiver’s Signature