**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: **15-03-20** I.P.D. **2020/03/10**  Bill No.**10**

Name: **Ramya Seenivasan**

D.O.A.: **11-03-20** D.O.D.:  **15-03-20**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 500 |
| Room Charges | 1500x5 |  | 7500 |
| Consultation | 1000x5 |  | 5000 |
| Nursing | 700x5 |  | 3500 |
| Delivery Charges | - |  | - |
| Operative | Lap-copy |  | 40,000 |
| Anaesthesia | SA |  | 5000 |
| Theatre Charges | 4500x1 |  | 4500 |
| IV Fluids |  |  | 1500 |
| Injections |  |  | 2700 |
| Medicines |  |  | 800 |
| Lab. Charges/Investigation |  |  |  |
| Assistance/Paediatrician |  |  |  |
| Others |  |  |  |
|  |  |  | **71100** |

Received Rs. **Seventy One Thousand Hundred Only/**

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

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

Receiver’s Signature