**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: **25-02-2020** I.P.D. **2020/02/05**  Bill No. **05**

Name: **Raut Pooja Vishal**

D.O.A.: **18-02-2020** D.O.D.:  **25-02-2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 500 |
| Room Charges | 8x1200 |  | 9600 |
| Consultation | 8x8000 |  | 6400 |
| Nursing | 8x300 |  | 2400 |
| Delivery Charges |  |  |  |
| Operative |  |  |  |
| Anaesthesia |  |  |  |
| Theatre Charges |  |  |  |
| IV Fluids |  |  |  |
| Injections | 100x2 |  | 200 |
| Medicines | 100x2 |  | 200 |
| Lab. Charges/Investigation |  |  |  |
| Assistance/Paediatrician |  |  |  |
| Others (USG) | 1200x2 |  | 2400 |
|  |  |  | **21700** |

Received Rs. **Twenty One Thousand Seven Hundred Only/**

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

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

Receiver’s Signature