**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: **23-8-2019** I.P.D. **2019/08-15** Bill No. **15**

Name: **Shrikhande Yogita Mangesh**

D.O.A.: **23-08-2019** D.O.D.:  **28-08-2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | **500** |
| Room Charges |  |  | **8000** |
| Consultation |  |  | **6400** |
| Nursing |  |  | **4000** |
| Delivery Charges |  |  | **-** |
| Operative |  |  | **21500** |
| Anaesthesia (SA) |  |  | **5000** |
| Theatre Charges |  |  | **2000** |
| IV Fluids |  |  | **1500** |
| Injections |  |  | **1200** |
| Medicines |  |  | **800** |
| Lab. Charges/Investigation |  |  | **-** |
| Assistance/Paediatrician |  |  | **5000** |
| Others |  |  | **-** |
|  |  |  | **55900/-** |

Received Rs. **Fifty Five Thousand Nine Hundred Rs.Only.**

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

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

Receiver’s Signature