**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: **16-09-19** I.P.D. **2019/09/19**  Bill No. **09**

Name: **Surwase Punam Namdeo**

D.O.A.: **12-09-19** D.O.D.:  **16-09-19**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 500 |
| Room Charges | 2000x5 |  | 10000 |
| Consultation | 1000x5 |  | 5000 |
| Nursing | 500x5 |  | 2500 |
| Delivery Charges | FTND |  | 22,000 |
| Operative | - |  | - |
| Anaesthesia | 500x1 |  | 500 |
| Theatre Charges | 2000x1 |  | 2000 |
| IV Fluids |  |  | 400 |
| Injections |  |  | 900 |
| Medicines |  |  | 100 |
| Paediatrician |  |  |  |
| Assistance | (3 days) |  | 5000 |
| Others |  |  | 3000 |
|  |  |  | **51,900/** |

Received Rs. **Fifty One Thousand Nine Hundred Only/**

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

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

Receiver’s Signature