**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: **14-08-19** I.P.D.**2019/08/04** Bill No.**04**

Name: **Undre Amruta Kiran**

D.O.A.: **05-08-19** D.O.D.:  **14-08-19**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  | 500 |
| Room Charges | 1000x9 |  | 9000 |
| Consultation | 700x9 |  | 6300 |
| Nursing | 400x9 |  | 3600 |
| Delivery Charges | - |  | - |
| Operative | LSCS |  | 21500 |
| Anaesthesia | SA |  | 4000 |
| Theatre Charges |  |  | 3000 |
| IV Fluids |  |  | 1500 |
| Injections |  |  | 1200 |
| Medicines |  |  | 800 |
| Lab. Charges/Investigation |  |  |  |
| Assistance/Paediatrician |  |  | 4000 |
| Others |  |  |  |
|  |  |  | **55400/** |

Received Rs. **Fifty Five Thousand Four Hundred.**

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

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

Receiver’s Signature