

BREACH CANDY HOSPITAL TRUST

60-A, Bhulabhai Desai Road, Mumbai - 400 026.

Booking: 2366 7667

Billing: 2366 7354

Accounts: 2355 7300

Fax Direct: 2367 2666

BANK DETAILS FOR ONLINE PAYMENT

Payment Options are available:

1. Details for Online Payment: (Except from Foreign Bank Accounts)

Kindly log in to: <https://breachcandyhospital.org> for online payment.

Please follow the steps and provide details of:

Reservation No. : (In case of Booking) Note: Payment cannot be done on the day of admission on the Reservation Number)

Admission No. : (In case of In Patient)

BH No. : (In case of OPD Patient)

2. Details of RTGS/NEFT Payment: (Except from Foreign Bank Accounts)

Beneficiary Name: Breach Candy Hospital Trust

Sr.	Bank Name & Address	Account No.	IFSC Code	Type of A/c
a.	Kotak Mahindra Bank Ltd., Burhani Mahal, Ground Floor, Near Priyadarshni Park, Mumbai - 400 006.	3011206652	KKBK0000637	Savings Account
b.	IDBI Bank Tirupati Apartments, Bhulabhai Desai Road, Mumbai - 400 026.	0019104000122931	ISKL0000019	Savings Account

3. Payment by Demand Draft: in favour of "Breach Candy Hospital Trust" Payable at "Mumbai".

Note: Kindly inform and send the detail of bank transaction to respective Departments as per details given below
(without intimation of funds, booking will not be considered)

Fund Transfer for Booking Room:

Via E-Mail: bank.transfer@breachcandyhospital.org and booking@breachcandyhospital.org

Tel No. : 2355 7305 / 2355 7306 (Accounts Department)
2366 7223 / 2366 7667 (Booking Office)

Fund Transfer after Admission:

Via E-Mail: bank.transfer@breachcandyhospital.org and billing@breachcandyhospital.org

Tel No. : 2355 7305 / 2355 7306 (Accounts Department)
2366 7354 / 2366 7334 (Billing Office) by Fax: 022-2367 2666

Detail required are as follows:-

Name of Patient: _____ BH No: _____

Doctor Name: _____ Date of Admission: _____

Contact No. : _____ Diet (Veg/Non-Veg): _____

Room No. / Room Preference: _____

Amount: _____ Bank Name (in which Amt. Deposited) _____

UTR No. (In case of RTGS / NEFT): _____ Date of Amount Transfer: _____

PAN No. of Patient: (Compulsory) _____

In case of absence of BH No. : _____ Date of Birth: _____

Address: _____

Contact No: _____

Imp. Note: In case of Fund transfer (Online and Bank transfer) from outside India or NRO / NRE Accounts, kindly collect the Forex Fund Transfer bank details.