

MEDICAL INVOICE

Hospital Management System • Patient Billing Statement

PATIENT DETAILS

Name: **Aditya**
Patient ID: **6**
Admitted: **11 Nov 2025**
Diagnosis: **Fever**

INVOICE DETAILS

Invoice No: **#INV-0002**
Invoice Date: **11 Nov 2025**
Status: **Due**

CHARGES BREAKDOWN

DESCRIPTION	AMOUNT (INR)
Hospital Bed Charges	Rs. 0.00
Base Service Charges	Rs. 500.00
Doctor Consultation Fee	Rs. 1000.00

TOTAL AMOUNT DUE

Rs. 1500.00

(!) Payment Information

Please settle this invoice within 7 days. For payment queries, contact our billing department.