

APOLLO HOSPITAL

Invoice #12345

Patient: John Doe

Date of Service: 2024-10-15

ITEMIZED CHARGES:

Room Charges: \$5,000

Doctor Consultation: \$500

Laboratory Tests: \$1,200

Pharmacy: \$800

Miscellaneous: \$500

TOTAL AMOUNT: \$8,000

Payment Due: 2024-11-15

DISCHARGE SUMMARY

Patient Name: John Doe
Date of Birth: 1985-05-15
Medical Record #: MR123456

Admission Date: 2024-10-10
Discharge Date: 2024-10-15

DIAGNOSIS:
Primary: Acute Appendicitis
Secondary: None

PROCEDURE:
Laparoscopic Appendectomy performed on 2024-10-11

ATTENDING PHYSICIAN: Dr. Sarah Smith, MD

CONDITION AT DISCHARGE: Stable
FOLLOW-UP: Outpatient clinic in 2 weeks

HEALTH INSURANCE CARD

Insurance Provider: Blue Cross Health
Policy Number: POL123456789

Member Name: John Doe
Date of Birth: 05/15/1985
Member ID: BC-123456

Group Number: GRP-7890
Effective Date: 01/01/2024

Emergency: Call 1-800-HEALTH