



Stacklycare

INVOICE

Invoice number: HS_INV_0005
Invoice Date: 2026-02-19
Phone number: 2542154541

Invoice from

Stacklycare

5th street cross cut road,
New city of Newyork
USA

✉ Stacklycare@gmail.com
☎ +1-78654327-7896

Patient ID

PAT1003

Doctor

PrakashRajS

Admission Date

2026-02-16

Department

Emergency
Department

Discharge Date

N/A

Payment type

Cash

Invoice to

Sab
gghagh
sab@gmail.com ✉
2542154541 ☎

Total Amount:

\$ 1000.0

Paid Amount:

\$ 500.0

Pending Amount:

\$ 500.0

Payment Progress:

50.0%

⚠ Next Payment Due: 2026-03-21

Treatment & Charges

This information is for NEW items billed today.

S.no	Descriptions	Qty	Unit	Disc %	GST %	Total
1	Doctor fees	1	\$ 1000.0	0.0%	0.0%	\$ 1000.0



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Invoice number: HS_INV_0005
Invoice Date: 2026-02-19
Phone number: 2542154541

Amount in words: One Thousand Rupees Only

Transaction ID: TXN_1771492374734_BE4CN
Payment Date: 2026-02-19
Payment Status: Partially Paid
Remarks: half of the amount paid

Payment Summary

Subtotal	\$ 1000.0
Discount (0.0%)	- \$ 0.0
After Discount	\$ 1000.0
Total Tax	\$ 0.0
CGST (0.0%)	\$ 0.0
SGST (0.0%)	\$ 0.0

Grand total | \$ 1000.0

Partial Payment Summary

Amount Paid:	\$ 500.0
Balance Due:	\$ 500.0
Payment Progress:	50.0%
Due Date:	2026-03-21

Terms and Conditions

1. All payments must be made in full at the time of discharge unless prior arrangements have been approved.
2. For partial payments, remaining balance must be paid by the due date mentioned above.
3. Late payments may incur additional charges as per hospital policy.
4. The hospital is not responsible for insurance rejections or delays.

Authorized Signature