



# Stacklycare

## INVOICE

Invoice number: HS\_INV\_0008  
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 ☎

## 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

Amount in words: One Thousand Rupees Only

Transaction ID: TXN\_1771493214666\_LFN8Q  
Payment Date: 2026-02-19  
Payment Status: Pending

### 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

### 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