

**Invoice number:** INV0002  
**Invoice Date:** November 28, 2025  
**Phone number:** N/A

Invoice from	Patient ID	Admission Date	Discharge Date	Invoice to
<b>Stacklycare</b> 5th street cross cut road, New city of Newyork USA ma Stacklycare@gmail.com ph +1-78654327-7896	PAT1000	25-11-2025	27-11-2025	John asasas patient@hospital.com mail p h o ne
	<b>Doctor</b> Prakash Raj S	<b>Department</b> Emergency Department (ED)	<b>Payment type</b> Cash	N/A

### Treatment & Charges

This information is for total invoice from the admission date in Stacklycare

S.no	Descriptions	Quantity	Unit price	Total
1	<b>Room charge (3 days)</b>	5	1500.0	7500.0
2	<b>Doctor consultation fees</b>	1	500.0	500.0
3	<b>Operation theatre charges</b>	1	1000.0	1000.0
4	<b>Nurse and wardcare</b>	1	2000.0	2000.0

#### Amount in words:

Twelve Thousand, Nine Hundred And Eighty Only

**Transaction ID:** -

**Payment Date:** 2025-11-28

**Payment Status:** Paid

<b>Subtotal</b>	\$ 11000.00
<b>Tax (18%)</b>	\$ 1980.00

**Grand total** | \$ 12980

#### Terms and Conditions

- All payments must be made in full at the time of discharge unless prior arrangements have been approved.
- Final charges are based on actual services, medications, and consumables used.
- The hospital is not responsible for insurance rejections or delays.

Authorized

Signature

Authorized Signature