



Invoice number: HS\_INV\_0006  
Invoice Date: 2026-02-19  
Phone number: 2542154541

Invoice from	Patient ID	Admission Date	Discharge Date	Invoice to
<b>Stacklycare</b> 5th street cross cut road, New city of Newyork USA	PAT1003	2026-02-16	N/A	Sab gghagh
Stacklycare@gmail.com	Doctor	Department	Payment type	sab@gmail.com
+1-78654327-7896	PrakashRajS	Emergency Department	Cash	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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Amount in words: One Thousand Rupees Only

Transaction ID: TXN\_1771492406999\_CKM45  
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

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

Authorized Signature