



Stacklycare

INVOICE

Invoice number: HS_INV_0001
Invoice Date: 2026-01-07
Phone number: 2120102030

Invoice from

Stacklycare

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

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

Patient ID

PAT1000

Doctor

Vinoth

Admission Date

2026-01-05

Department

Emergency
Department

Discharge Date

N/A

Payment type

Cash

Invoice to

At
asas
at@gmail.com ✉
2120102030 ☎

Treatment & Charges

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

S.no	Descriptions	Quantity	Unit price	Total
1	Lab Test: MRI (Order ID: LABID0001)	1	2000.0	2000.0

Amount in words:

Two Thousand, Three Hundred And Sixty Rupees Only

Transaction ID: TXN_HS_INV_0001

Payment Date: 2026-01-07

Payment Status: Paid

Subtotal

\$ 2000.0

Tax (18.0%)

\$ 360.0

Grand total

\$ 2360.0

Terms and Conditions

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

Authorized Signature