



INVOICE

Quality Care, Close to You

Invoice #: #INV0001

Date: 18-11-2025

Phone: 7989900961

Email: sravan@gmail.com

Invoice from	Patient ID	Admission	Discharge	Invoice to
	PAT1000	18-11-2025	18-11-2025	Sravan
Doctor	Department	Payment type		
Sravan	Cardiology	Card		

Treatment & Charges				
S.no	Description	Quantity	Unit price	Total
1	Dolo	10	\$10.00	\$100.00

Amount in words: One Hundred Eighteen Dollars only

Transaction ID: **string** | Payment Date: **string**

Payment Status: PAID

Terms and conditions:

1. All payments must be made in full at the time of discharge unless prior arrangements have been approved by hospital administration.
 2. Final charges are based on actual services, medications, and consumables used during the patient's stay.
 3. The hospital is not responsible for insurance rejections or delays; any uncovered amount must be settled directly by the patient.
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Thank you for choosing Stacklycare. Wishing you a speedy recovery.

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