



Invoice number: HS\_INV\_0010  
Invoice Date: 2026-02-23  
Phone number: 2542154541

Invoice from	Patient ID	Admission Date	Discharge Date	Invoice to
Stacklycare	PAT1003	2026-02-16	N/A	Sab gghagh sab@gmail.com 2542154541
	Doctor	Department	Payment type	
5th street cross cut road, New city of Newyork USA  ✉ Stacklycare@gmail.com 📞 +1-78654327-7896	PrakashRajS	Emergency Department	Cash	

## Treatment &amp; 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\_1771825616497\_G5RB8  
Payment Date: 2026-02-23  
Payment Status: 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

## 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