



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

Invoice from	Patient ID	Admission Date	Discharge Date	Invoice to
Stacklycare	PAT1000	2026-01-05	N/A	At asas
	Doctor	Department	Payment type	at@gmail.com 2120102030
5th street cross cut road, New city of Newyork USA Stacklycare@gmail.com +1-78654327-7896	Vinodh	Emergency Department	Cash	

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

- 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