



# INVOICE

Quality Care, Close to You

Invoice #: **#INV0001**  
Date: 18-11-2025  
Phone: 7989900961  
Email: sravan@gmail.com

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

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

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**Payment Status: PAID**

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**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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