

Invoice number: INV0001
Invoice Date: November 28, 2025
Phone number: N/A

| Invoice from | Patient ID | Admission Date | Discharge Date | Invoice to |
|---|--------------------------------|---|-----------------------------|---|
| Stacklycare 5th street cross cut road, New city of Newyork USA ma Stacklycare@gmail.com ph +1-78654327-7896 | PAT1000 | 25-11-2025 | 27-11-2025 | John asasas patient@hospital.com mail p h o ne |
| | Doctor Prakash Raj S | Department Emergency Department (ED) | Payment type Cash | N/A |

Treatment & Charges

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

| S.no | Descriptions | Quantity | Unit price | Total |
|------|----------------------------------|----------|------------|---------|
| 1 | Room charge (3 days) | 5 | 1500.0 | 7500.0 |
| 2 | Doctor consultation fees | 1 | 500.0 | 500.0 |
| 3 | Operation theatre charges | 1 | 1000.0 | 1000.0 |
| 4 | Nurse and wardcare | 1 | 2000.0 | 2000.0 |
| 5 | Surgeon | 1 | 10000.0 | 10000.0 |
| 6 | Medicine and consumables | 2 | 5000.0 | 10000.0 |

Amount in words:

Thirty-Six Thousand, Five Hundred And Eighty Only

Transaction ID: -

Payment Date: 2025-11-28

Payment Status: Paid

| | |
|------------------|-------------|
| Subtotal | \$ 31000.00 |
| Tax (18%) | \$ 5580.00 |

Grand total | \$ 36580

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

Authorized Signature