



Invoice number: HS_INV_0014
Invoice Date: 2026-02-23
Phone number: 9854652415

Invoice from	Patient ID	Admission Date	Discharge Date	Invoice to
Stacklycare 5th street cross cut road, New city of Newyork USA	PAT1001	2026-02-03	2026-02-16	Santhuru M
	Doctor	Department	Payment type	98/22, Thiruvaiyaru
Stacklycare@gmail.com +1-78654327-7896	Vinoth	Emergency Department	Cash	santhuru@gmail.com 9854652415

Total Amount: \$ 1180.0 Paid Amount: \$ 500.0

Pending Amount: \$ 680.0 Payment Progress: 42.37%

Next Payment Due: 2026-03-25

Treatment & Charges

This information is for NEW items billed today.

S.no	Descriptions	Qty	Unit	Disc %	GST %	Total
1	Doctor fees	1	\$ 1000.0	-18.0%	18.0%	\$ 1000.0



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Amount in words: One Thousand, One Hundred And Eighty Rupees Only

Transaction ID: TXN_1771838359502_5EICO
Payment Date: 2026-02-23
Payment Status: Partially Paid

Payment Summary

Subtotal	\$ 1000.0
Discount (-18.0%)	- \$ 0.0
After Discount	\$ 1000.0
Total Tax	\$ 180.0
CGST (9.0%)	\$ 90.0
SGST (9.0%)	\$ 90.0

Grand total | \$ 1180.0

Partial Payment Summary

Amount Paid:	\$ 500.0
Balance Due:	\$ 680.0
Payment Progress:	42.37%
Due Date:	2026-03-25

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