

# INVOICE

Invoice #:

INV-1-4-202512212116117

Invoice Date:

2025-12-21 21:16:17

Patient ID:

1

Due Date:

2025-12-21 21:16:17

BILL TO:

Patient Name: Tarun B K

BMI ASSESSMENT DETAILS:

Height (cm):	180.0
Weight (kg):	89.0
BMI Value:	27.47
BMI Category:	Overweight

CHARGES:

Description	Amount
Consultation Fee	\$50.00
BMI Assessment Fee	\$30.00
Health Report Fee	\$20.00
TOTAL	\$100.00

PAYMENT TERMS:

Due within 30 days

PAYMENT STATUS:

Pending

*This is an official invoice from BMI Health Tracker. Payment must be received as per the terms mentioned above. Please make payment to the account details provided separately.*