

# INVOICE

**Invoice #:** INV-1-7-2025122121593 **Invoice Date:** 2025-12-21 21:59:31  
**Patient ID:** 1 **Due Date:** 2025-12-21 21:59:31

## BILL TO:

**Patient Name:** Tarun B K

## BMI ASSESSMENT DETAILS:

<b>Height (cm):</b>	220.0
<b>Weight (kg):</b>	110.0
<b>BMI Value:</b>	22.73
<b>BMI Category:</b>	Normal

## CHARGES:

Description	Amount
Consultation Fee	■500.00
BMI Assessment Fee	■300.00
Health Report Fee	■200.00
<b>TOTAL</b>	<b>■1000.00</b>

## 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.*