

# INVOICE

Invoice #: INV-1-4-2025122121161 | 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
<strong>TOTAL</strong>	<strong>\$100.00</strong>

## 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.*