

# INVOICE

Invoice #: INV-1-5-20251221214012  
Invoice Date: 2025-12-21 21:40:12  
Patient ID: 1 Due Date: 2025-12-21 21:40:12

## BILL TO:

Patient Name: Tarun B K

## BMI ASSESSMENT DETAILS:

Height (cm):	190.0
Weight (kg):	78.0
BMI Value:	21.61
BMI Category:	Normal

## CHARGES:

Description	Amount
Consultation Fee	\$50.00
BMI Assessment Fee	\$30.00
Health Report Fee	\$20.00
<b>TOTAL</b>	<b>\$100.00</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.*