

GUARDIAN INSURANCE SOLUTIONS

INVOICE

567 Corporate Tower, Floor 12
Bangalore, Karnataka 560001
Phone: +91-80-2345-6789
Email: accounts@guardianinsurance.in

Invoice #: INV-2025-001345
Date: 2025-01-25
Due Date: 2025-02-24

BILL TO:

Client Name:	City Hospital & Diagnostics
Contact Person:	Dr. Ramesh Gupta, Director
Address:	123 Medical Complex, Bangalore, Karnataka 560034
Phone:	+91-80-8765-4321
Email:	billing@cityhospital.in
Account Number:	ACC-67234

SERVICE DETAILS

Date	Claim Number	Description	Qty	Rate	Amount
2025-01-10	CLM-2025-00701	Medical claim processing - Appendectomy	1	Rs.2,500	Rs.2,500
2025-01-12	CLM-2025-00715	Health claim verification	1	Rs.1,800	Rs.1,800
2025-01-15	CLM-2025-00728	Hospital bill audit	1	Rs.3,200	Rs.3,200
2025-01-18	CLM-2025-00734	Pre-authorization review	1	Rs.2,100	Rs.2,100
2025-01-20	CLM-2025-00745	Post-hospitalization claim	1	Rs.2,800	Rs.2,800
2025-01-22	CLM-2025-00756	Medical records review	1	Rs.1,950	Rs.1,950

Subtotal: Rs.14,350

Processing Fee (2%): Rs.287

Tax (GST 18%): Rs.2,585

TOTAL DUE: **Rs.17,222**

PAYMENT INFORMATION

Payment Terms: Net 30 days

Payment Methods: Bank Transfer, UPI, Cheque

Bank: HDFC Bank | IFSC: HDFC0001234 | Account: 123456789012

UPI: billing@apexinsurance

Late Payment: 1.5% per month on overdue balances