

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