

# Hospital Medical Service Invoice

**Hospital Name:** GoodHealth Medical Center  
**Address:** 123 Wellness Ave., Metro City, 10001  
**Phone:** (123) 456-7890  
**Email:** info@goodhealthhospital.com  
**Invoice #:** INV-2024-0058  
**Date Issued:** 2024-06-10  
**Patient Name:** Jane Doe  
**Patient ID:** PT-112233

## Services Provided

Description	Date	Quantity	Unit Price	Total
General Consultation	2024-06-09	1	\$80.00	\$80.00
Complete Blood Count Test	2024-06-09	1	\$40.00	\$40.00
X-Ray (Chest)	2024-06-09	1	\$100.00	\$100.00
Medication: Amoxicillin 500mg	2024-06-09	10	\$2.50	\$25.00

Subtotal	\$245.00
Tax (5%)	\$12.25
<b>Total Amount Due</b>	<b>\$257.25</b>
Payment Due By	2024-06-24

### Payment Instructions:

Bank Transfer to GoodHealth Medical Center  
Account No: 123456789 | Bank: Healthy Bank

### Important Notes:

- This invoice serves as an official record of medical services provided.
- Ensure payment is made on or before the due date to avoid late fees.
- Keep a copy of this invoice for insurance and personal records.
- Contact the hospital billing department for any discrepancies or clarifications.
- This invoice may include both medical services and prescribed medications.