

CityCare General Hospital
123 Wellness Avenue
Springfield, XY 12345
Phone: (123) 456-7890
Email: billing@citycarehospital.com

Invoice

Patient Details

Name: John Doe
Patient ID: PAT-100545
Admission Date: 2024-05-15
Discharge Date: 2024-05-20

Invoice Details

Invoice No: INV-20240610-0013
Invoice Date: 2024-06-10
Billing To: John Doe
Payment Due: 2024-06-17

Billing Summary

Description	Qty/Days	Unit Price	Amount
Room Charges (Private Room)	5	2000	10000
Consultation Fees	5	350	1750
Medication Charges	1	1820	1820
Laboratory Tests	1	950	950
Surgery Charges	1	8500	8500
Miscellaneous	1	450	450
Subtotal			22520
Tax (5%)			1126
Total Amount Due			23646

Payment Instructions

Please make payment within 7 days of invoice date. Payments can be made via bank transfer to CityCare General Hospital, Account No.: 002154578864, Bank of XYZ.

Important Notes:

- This invoice serves as the official record of hospital charges for the listed patient and period.
- Please retain this document for insurance and reimbursement purposes.
- Contact the billing department immediately in case of discrepancies.
- Late payments may incur additional charges as per hospital policy.
- This invoice is computer-generated and does not require a signature.