

**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
<b>Subtotal</b>			<b>22520</b>
<b>Tax (5%)</b>			<b>1126</b>
<b>Total Amount Due</b>			<b>23646</b>

**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.