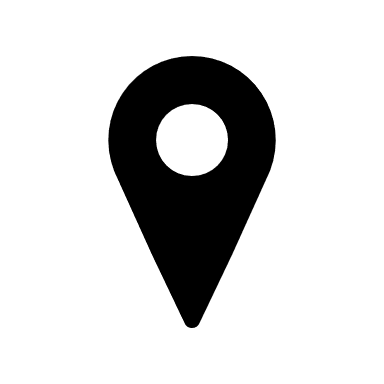
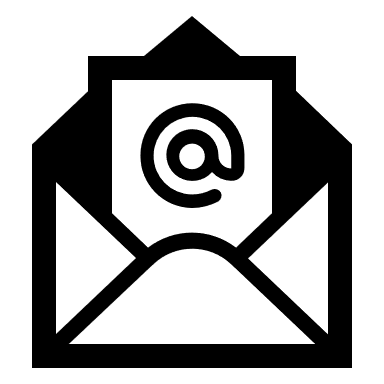
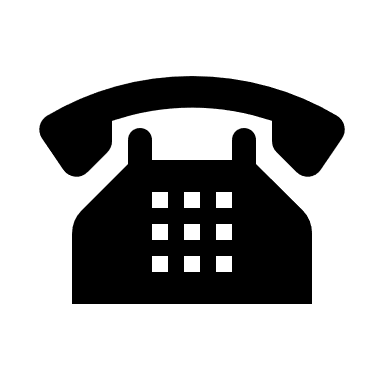
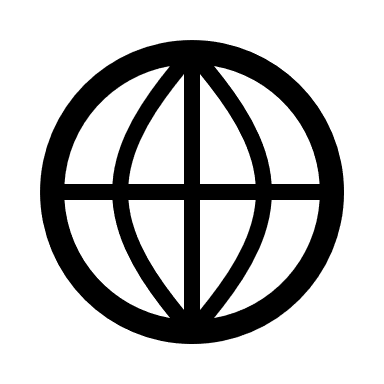
|  |  |
| --- | --- |
| **MEDICAL INVOICE** | **HOSPITAL/MEDICAL CENTER NAME** |

 hospital street address, City State, Zip Code (123) 456-7890 email@website.com www.website.com

**Invoice Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Invoice #** | YTT-12354-18 | **Date:** | Apr 18,2018 | **Due Date** | Apr 18,2018 | **Account No.** | 554854545454 |

**Patient Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | Mr. Patient | **Hospital No:** | HS-123548-18 |
| **Patient Age:** | 36 years | **Bed No:** | HS-245 |
| **Address:** | Patient address here, City State, Zip Code | **Admission Date:** | Apr 10, 2018 |
| **Consultant:** | Mr. Doctor | **Discharge Date:** | Apr 18, 2018 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Particulars** | **Rate** | **Discount** | | **Amount** |
| 1 | Something here | 125 | 0 | | 125 |
| 2 | Something else here | 300 | 50 | | 250 |
| 3 | Something related to treatment here | 375 | 75 | | 300 |
|  |  |  |  | |  |
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|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  | **Sub Total** | **$675.00** | |
|  |  |  | **Tax:** | **0%** | |
|  |  |  | **Total** | **$607.5** | |

THANK YOU!