RESPIRATORY SOLUTIONS LLC

123 Medical Park Dr.
Healthcare City, ST 12345
Phone: (555) 010-9988

INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

PATIENT / SHIP TO:

Name: _____
ID: _____
Address: _____

HCPCS Code	Description of Equipment/Supplies	Qty	Unit Price	Total
_____	CPAP / BiPAP Machine	____	$_____	$_____
_____	Nasal/Full Face Mask	____	$_____	$_____
_____	Tubing & Filters	____	$_____	$_____
_____	Oxygen Concentrator Rental	____	$_____	$_____

HCPCS Code	Description of Equipment/Supplies	Qty	Unit Price	Total

Subtotal: $_____
Tax: $_____

Balance Due: $_____

Notes: All respiratory equipment is subject to medical necessity documentation. Rental items must be returned in original condition.

Payment Terms: Due within 30 days. Please make checks payable to Respiratory Solutions LLC.