INVOICE

[Practice Name]
[Therapist Name, Credentials]
[Address]
[Phone / Email]

INVOICE NO: #_____
DATE: _____

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]

SESSION INFO

NPI: [Provider NPI]
Tax ID: [Tax ID Number]
Diagnosis Code: _____

Date of Service	CPT Code / Description	Duration	Amount
[Date]	90837 - Psychotherapy, 60 min	60 min	$0.00
[Date]	[Holistic Modality Add-on]	[Duration]	$0.00

Subtotal: $0.00
Paid to Date: ($0.00)
Balance Due: $0.00

Notes: Holistic psychotherapy services focus on the integration of mind, body, and spirit.
Please make checks payable to "[Practice Name]" or pay via portal.

Thank you for our work together.