INVOICE

[Therapist/Practice Name]
[Tax ID / NPI Number]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]

Client:

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

Payment Due:

[MM/DD/YYYY]

Date of Service	CPT Code	Description	Duration	Amount
[Date]	[90834]	Individual Psychotherapy (Telehealth)	[45-50 min]	$0.00
[Date]	[90837]	Individual Psychotherapy (Telehealth)	[60 min]	$0.00

Subtotal: $0.00
Adjustments/Insurance: ($0.00)
Total Balance Due: $0.00

Notes/Instructions:
Please remit payment via [Payment Method: Portal/Bank Transfer/etc]. Sessions were conducted via HIPAA-compliant video conferencing. Diagnosis Code: [ICD-10 Code]