Psychotherapy Invoice

[Provider Name / Practice Name]
[Street Address]
[City, State, Zip Code]
[Phone Number] | [Tax ID / NPI]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

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

Date of Service	CPT Code	Description	Rate	Amount
[Date]	[e.g., 90834]	Psychotherapy, 45 minutes	$0.00	$0.00
[Date]	[e.g., 90837]	Psychotherapy, 60 minutes	$0.00	$0.00

Subtotal: $0.00

Insurance Paid: ($0.00)

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Practice Name]** or pay via [Payment Method].