[Psychotherapist Name/Practice]

[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email Address / NPI Number]

INVOICE

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

BILL TO

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

Date of Service	CPT Code	Description	Rate	Amount
[MM/DD/YYYY]	[90834]	Psychotherapy, 45 min	$0.00	$0.00
[MM/DD/YYYY]	[90837]	Psychotherapy, 60 min	$0.00	$0.00

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

Payment Instructions: [e.g., Please make checks payable to Practice Name or pay via Client Portal.]

Thank you for your commitment to our work together.