

CREDIT MEMO

[Chiropractic Office Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Memo # : _____

Date : _____

Original Invoice # : _____

PATIENT INFORMATION

[Patient Name]

[Patient Address]

[Patient Phone / ID]

PROVIDER INFORMATION

[Attending Chiropractor]

[NPI Number]

Date of Service	CPT/HCPCS Code	Description of Adjustment/Service	Amount
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Reason for Credit:

Subtotal: \$0.00

Tax: \$0.00

Total Credit: \$0.00

Notes: Credits are applied to future treatments or refunded upon request according to office policy.

Authorized Signature: _____ Date: _____