

# CREDIT MEMO

**[Laboratory Name]**

[Street Address]

[City, State, Zip]

[Phone / Email]

**Memo #:** [000000]

**Date:** [MM/DD/YYYY]

**Reference Invoice:** [#000000]

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**BILL TO:**

[Client/Clinic Name]

[Account Number]

[Address Line 1]

[Address Line 2]

**PATIENT / CASE INFO:**

**Patient Name:** [Name]

**Accession #:** [ID Number]

**Date of Service:** [MM/DD/YYYY]

Test Code	Description / Reason for Credit	Qty	Unit Price	Total
[Code]	[Test Name / Adjustment Description]	[0]	[\$[0.00]]	[\$[0.00]]

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Subtotal: \$[0.00]

Tax: \$[0.00]

Total Credit: \$[0.00]

**NOTES:**

[Reason for credit: e.g., Insurance overpayment, duplicate billing, test cancellation, or lab error.]

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Authorized by: \_\_\_\_\_

This credit will be applied to your outstanding balance or future statements.