

CREDIT MEMO

[Rehabilitation Center Name]

[Street Address]

[City, State, Zip Code]

[Phone Number]

Memo # : _____

Date : _____

Original Invoice # : _____

CREDIT TO:

[Patient/Payer Name]

[Patient ID / Case #]

[Address]

[City, State, Zip Code]

Service Date	Description of Adjustment / Service Code	Quantity	Unit Price	Total Credit

Subtotal: \$ _____

Tax/Adjustments: \$ _____

Total Credit Amount: \$ _____

Reason for Credit:

Authorized Signature: _____ Date: _____

This credit memo will be applied to your account balance. For inquiries regarding therapy services or billing, please contact our financial department.