SPECIALTY CLINIC NAME

123 Medical Plaza, Suite 400
Healthcare City, ST 12345
Phone: (555) 000-0000

CREDIT MEMO

MEMO #

DATE

PATIENT INFORMATION

Name:

ID:

DOB:

REFERENCE DETAILS

Original Invoice #:

Original Service Date:

Reason for Credit:

Service Code	Description of Adjustment	Qty	Unit Price	Total Credit

Subtotal $0.00
Tax/Adjustments $0.00
TOTAL CREDIT $0.00

Note: This credit will be applied to your outstanding balance or issued via original payment method as per clinic policy.

Authorized Signature: _____ Date: _____