

# CREDIT MEMO

[Therapy Practice Name]  
[Address Line 1]  
[Phone Number]

**Memo #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Original Invoice #:** \_\_\_\_\_

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## PATIENT / CLIENT

[Client Name]  
[Client Address]  
[Client Phone/Email]

## BILLING PROVIDER

[Therapist Name, Credentials]  
NPI: [NPI Number]  
Tax ID: [Tax ID]

Date of Service	Description of Service / Reason for Credit	Amount
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Subtotal: \$0.00  
Adjustments: \$0.00  
Total Credit: \$0.00

**NOTES**

Credit will be applied to:  Future Sessions  Refund to Original Payment Method

*Thank you for your continued trust in our therapy services.*