

INVOICE

Managed Care Compliance Consulting

[Consultant/Firm Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO: [Client Company Name]

[Contact Name]
[Client Address]
[Tax ID/EIN]

INVOICE DETAILS: Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Project: [Compliance Audit / CMS Filing]

Description of Compliance Services	Hours/Qty	Rate	Amount
Regulatory Risk Assessment & Gap Analysis	0.0	\$0.00	\$0.00
CMS/State Filing Preparation & Review	0.0	\$0.00	\$0.00
Policy & Procedure Development	0.0	\$0.00	\$0.00
Mock Audit / Compliance Training	0.0	\$0.00	\$0.00
Subtotal: \$0.00			
Tax/Fees: \$0.00			
<hr/> Total Due: \$0.00			

PAYMENT INSTRUCTIONS:

Please make checks payable to [Consultant Name] or remit via ACH to: [Bank Details].
Late payments may be subject to a [0%] monthly interest fee.

Thank you for your business.