INVOICE

Medical Billing Compliance Advisory

Invoice #: [0000]

Date: [MM/DD/YYYY]

From:

[Advisory Firm Name]
[Tax ID / NPI Number]
[Address Line 1]
[Email/Phone]

Bill To:

[Healthcare Provider/Facility Name]
[Department/Contact Person]
[Address Line 1]
[City, State, Zip]

SERVICE DESCRIPTION	CODE/REF	HOURS/QTY	RATE	TOTAL
Compliance Audit & Chart Review	[REF-01]	[0.00]	$[0.00]	$[0.00]
Policy Development / HIPAA Training	[REF-02]	[0.00]	$[0.00]	$[0.00]
Revenue Cycle Management Advisory	[REF-03]	[0.00]	$[0.00]	$[0.00]

Subtotal: $0.00

Total Due: $0.00

Payment Terms:

Net [30] Days. Please make checks payable to [Firm Name].

Note: This advisory invoice is for professional services and does not constitute legal advice.