

INVOICE

Compliance Provider:

[Business Name]
[Street Address]
[City, State, Zip]
[Tax ID/NPI]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Facility/Clinic Name]
[Contact Person]
[Address]
[Phone/Email]

Service Date	Description of Compliance Service	Hours/Qty	Rate	Amount
	Documentation Audit & Review			
	HIPAA Risk Assessment			
	Staff Compliance Training			
	Policy & Procedure Manual Update			

Subtotal: \$0.00
Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Business Name].

For electronic transfers: [Routing #] / [Account #]

Thank you for your commitment to regulatory excellence.