

Telehealth Compliance Advisory

[Business Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Name/Organization]
[Street Address]
[City, State, Zip]
Attn: [Contact Person]

PROJECT REFERENCE

[HIPAA Audit / Regulatory Filing / State Licensing]
Project Code: [Optional]

Service Description	Quantity/Hours	Rate	Amount
Telehealth Regulatory Compliance Consultation	[0.0]	[\$0.00]	[\$0.00]
Privacy Risk Assessment & Documentation	[0.0]	[\$0.00]	[\$0.00]
Multi-State Licensure Review	[0.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax (if applicable): \$[0.00]

Total Amount Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]** or pay via wire transfer to **[Account Number/Routing]**. All advisory services are subject to the terms of the signed Service Agreement.