DIAGNOSTIC LABORATORY

123 Medical Plaza, Suite 100
Healthcare City, ST 12345
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

PATIENT INFORMATION

Name: _____
Patient ID: _____
DOB: _____

BILLING ENTITY / INSURANCE

_____
_____
Policy #: _____

Test Code	Description of Services / Laboratory Tests	Date of Service	Amount

Subtotal: $0.00
Insurance Adjustment: ($0.00)

Tax: $0.00

Total Due: $0.00

Please make all checks payable to **Diagnostic Laboratory**.

Thank you for choosing our diagnostic services.