

# CITY GENERAL HOSPITAL

123 Medical Center Drive  
Healthville, ST 56789  
Phone: (555) 000-1234

## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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### PATIENT INFORMATION

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Address: \_\_\_\_\_

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### BILLING DETAILS

Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Due Date: \_\_\_\_\_

Description of Service / Medication	Qty	Unit Cost	Total

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**Description of Service / Medication****Qty****Unit Cost****Total**

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Subtotal: \$ \_\_\_\_\_

Insurance Adjustment: -\$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Amount Due: \$** \_\_\_\_\_

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**Notes:** Please include the invoice number with your payment. Make checks payable to "City General Hospital". Thank you for choosing our facility.