

# WELLNESS CENTER

123 Serenity Lane  
Health City, ST 12345  
Phone: (555) 010-9988

## INVOICE

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

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### PATIENT INFORMATION

Name: \_\_\_\_\_  
ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### PAYMENT STATUS

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

Description of Service	Date	Duration/Qty	Amount

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Subtotal: \$0.00  
Tax/Insurance Adj: \$0.00  
Total Due: \$0.00

Thank you for choosing our Wellness Center for your care.

Please make checks payable to "Wellness Center" or pay online via our patient portal.