

INVOICE

Invoice #: [001]

Date: [Date]

FROM **[Contractor Name, PT]**

[Address Line 1]

[City, State, Zip]

[NPI Number / Tax ID]

BILL TO [Clinic or Facility Name]

[Address Line 1]

[City, State, Zip]

Date of Service	Patient/Description	CPT Code(s)	Hours/Units	Rate	Total
[MM/DD/YY]	[Evaluation/Treatment]	[e.g. 97161, 97110]	[Units]	[\$[0.00]]	[\$[0.00]]
[MM/DD/YY]	[Evaluation/Treatment]	[e.g. 97112, 97140]	[Units]	[\$[0.00]]	[\$[0.00]]

Grand Total: \$[0.00]

PAYMENT INSTRUCTIONS Check payable to: [Name/Business Name]

Venmo/Zelle: [Details]

Due Date: [Date]

Note: This services were provided as an Independent Contractor. No taxes have been withheld.