

INVOICE

Invoice #: _____

Date: _____

Physiotherapy Services

[Provider Name/Clinic]

[Registration/NPI Number]

[Address]

BILL TO:

[Client Name]

[Client Address]

[Case Reference/ID]

PAYMENT TERMS:

Due Date: _____

Bank: _____

Account: _____

Date	Description of Treatment/Service	Hours	Hourly Rate	Total

Date	Description of Treatment/Service	Hours	Hourly Rate	Total
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Subtotal: \$ _____

Tax/VAT: \$ _____

Total Amount: \$ _____

Notes: All sessions recorded are verified treatments. Please include the invoice number as a reference for bank transfers.

Thank you for your business.