[PRACTICE NAME]

Holistic & Wellness Center

RECURRING BILLING

INVOICE

[INV-000]
Date: [Date]

PRACTITIONER

[Provider Name/Clinic]
[Street Address]
[City, State, Zip]
[Email/Phone]

PATIENT / CLIENT

[Client Name]
[Client Address]
[Client Phone]
Billing Cycle: [Monthly/Weekly]

Service / Supplement Description	Qty	Rate	Amount
[e.g., Acupuncture Session - Wellness Plan]	[0]	$0.00	$0.00
[e.g., Monthly Herbal Consultation]	[0]	$0.00	$0.00
[e.g., Recurring Supplement Subscription]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax/VAT: $0.00
Total: $0.00

NOTES & PAYMENT INSTRUCTIONS

This is a recurring invoice. Payment will be automatically processed via [Payment Method] on the [Day] of every month. For changes to your wellness plan, please provide 30 days notice.

Thank you for choosing us for your journey to wellness.
[License Number/Tax ID] | [Website URL]