INVOICE

[Therapist or Practice Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/NPI Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Billing Cycle: [Monthly/Weekly]

Bill To:
[Client Full Name]
[Client Address]
[Client Email]

Description	Qty/Session	Unit Price	Total
Therapy Subscription Plan: [Plan Name]	[1]	$[0.00]	$[0.00]
Additional Session Fees (if applicable)	[0]	$[0.00]	$[0.00]

Total Amount Due: $[0.00]

Payment Terms: Subscription auto-renews on [Date]. Payment is due upon receipt.

Notes: This document may be used for insurance reimbursement (Superbill). Please contact us for ICD-10 or CPT codes if required.