

# TELEHEALTH INVOICE

[Physician or Practice Name]

[NPI Number]

[Address / Digital Contact]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Platform:** \_\_\_\_\_

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## PATIENT INFORMATION

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**ID:** \_\_\_\_\_

## BILLING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Service	CPT Code	Description of Services	Amount
			\$0.00
			\$0.00

Subtotal: \$0.00

Tax / Insurance Adj: \$0.00

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**Total Due: \$0.00**

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**Payment Instructions:**

Please settle the balance within [X] days. Payment can be made via [Payment Method/Portal].

*Notes: Virtual consultation conducted via HIPAA-compliant telecommunications.*