

# Pediatric Hematology Care

123 Medical Plaza, Suite 400

Phone: (555) 010-8899

NPI: 0000000000

## INVOICE

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

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

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### PATIENT / GUARDIAN:

\_\_\_\_\_

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

ID #: \_\_\_\_\_

### INSURANCE DETAILS:

Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Auth #: \_\_\_\_\_

Date of Service	CPT/HCPCS Code	Description of Service / Lab Test	Unit Price	Total

Subtotal: \$ \_\_\_\_\_

Insurance Adjustment: (\$ \_\_\_\_\_)

Patient Responsibility: \$ \_\_\_\_\_

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**Payment Terms:** Due within 30 days. Please make checks payable to "Pediatric Hematology Care".

For billing inquiries, contact the Hematology Department at (555) 010-8899 ext. 2.