

# Pediatric Orthopedic Medicine

123 Healing Way, Suite 100  
Children's Medical Plaza  
(555) 012-3456

## INVOICE

Invoice #: [ ]

Date: [ ]

Due Date: [ ]

---

### PATIENT INFORMATION

Name: [ ]

DOB: [ ]

Guardian: [ ]

### BILLING CONTACT

Address: [ ]

Insurance: [ ]

Policy #: [ ]

Service Date	Description (CPT Code)	Qty	Unit Cost	Total
[ ]	[Consultation / X-Ray / Casting]	[ ]	[\$ ]	[\$ ]
[ ]	[Follow-up Visit]	[ ]	[\$ ]	[\$ ]
[ ]	[Medical Supplies / Brace]	[ ]	[\$ ]	[\$ ]

Subtotal: \$[ ]

Insurance Adjustment: -\$[ ]

**Total Amount Due: \$[ ]**

---

**Notes:** Please include the invoice number with your payment. Make checks payable to "Pediatric Orthopedic Medicine".

Thank you for choosing us for your child's orthopedic care.