

# Pediatric Pulmonology Clinic

123 Medical Plaza, Suite 400  
Healthcare City, ST 12345  
Phone: (555) 010-9988

## INVOICE

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

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### PATIENT INFORMATION

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

### BILLING DETAILS

Insurance Provider: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Authorization #: \_\_\_\_\_

Service Code / Description	Qty	Unit Price	Total

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

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**Amount Due: \$** \_\_\_\_\_

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**Payment Terms:** Payment is due within 30 days. Please make checks payable to "Pediatric Pulmonology Clinic".

For billing inquiries, please contact our financial office at (555) 010-9989.