

PEDIATRIC RHEUMATOLOGY INVOICE

[Practice Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[NPI Number]

PATIENT INFORMATION

[Patient Name]
[Parent/Guardian Name]
[Address]
[Date of Birth]

INVOICE DETAILS

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Date of Service	CPT Code	Description (Consultation/Injection/Imaging)	Fee

Subtotal: \$0.00

Insurance Contribution: (\$0.00)

Total Balance Due: \$0.00

NOTES / DIAGNOSIS CODES (ICD-10)

[Enter Clinical Notes Here]

Please make checks payable to: [Practice Name]