CONSULTING INVOICE

Healthcare Advisory Services

Invoice #: _____
Date: _____
Due Date: _____

Consultant / Firm:

_____
_____
_____
Tax ID/NPI: _____

Bill To (Healthcare Entity):

_____
_____
_____
Attn: Accounts Payable

Service Description (Project/Phase)	Hours/Qty	Rate/Unit	Amount
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

Subtotal: $_____

Adjustments/Tax: $_____

Total Balance Due: $_____

Payment Instructions:
Bank Name: _____
Account / Routing: _____

Compliance Note: This services invoice is HIPAA compliant and contains no Protected Health Information (PHI).