INVOICE

EHR Consultation Services

[Consultant/Organization Name]
[Address Line 1]
[Tax ID / NPI Number]

BILL TO:

[Client Name / Medical Practice]
[Client Address]
[Attn: Department/Contact]

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

Description of Services (EHR/HIT)	Hours/Qty	Rate	Amount
[System Implementation / Data Migration]	[0.00]	$[0.00]	$[0.00]
[Staff Training & Workflow Optimization]	[0.00]	$[0.00]	$[0.00]
[Compliance Audit & Security Risk Assessment]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

TOTAL DUE: $[0.00]

Payment Instructions: [Bank Transfer Details / Check Payable To]

Confidentiality Notice: This document may contain protected health information (PHI) or sensitive business data. Please handle in accordance with HIPAA regulations.