[Nurse Practitioner Name], NP

[Practice Name]
[Address Line 1]
[City, State, Zip]
[Phone] | [Email]
NPI: [NPI Number]

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]

PATIENT:
[Patient Name]
[Patient Address]
[DOB: MM/DD/YYYY]
PAYMENT STATUS:
[Pending/Paid]
Method: [Telehealth Portal/Card]

Date of Service	CPT Code / Description	Duration	Amount
[Date]	[e.g., 99214 - Telehealth Office Visit]	[Min]	$0.00
[Date]	[e.g., Medication Management]	-	$0.00

Subtotal: $0.00

Adjustments/Insurance: ($0.00)

Total Balance Due: $0.00

Notes: This was a synchronous audiovisual telehealth encounter. Diagnoses: [ICD-10 Codes].

Please make checks payable to [Practice Name] or pay via the secure patient portal link provided.