INVOICE

[Therapist/Practice Name]
[Address Line 1]
[City, State, Zip]
[NPI Number]
[Phone/Email]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Client Information:

[Client Name]
[Client Address]
[Date of Birth]

Telehealth Platform:

[Platform Name (e.g., Zoom, Doxy.me)]

Date of Service	CPT Code	Description of Services	Duration	Rate	Amount
[Date]	[97110]	Therapeutic Procedure (Telehealth)	[Min]	$0.00	$0.00
[Date]	[97530]	Therapeutic Activities (Telehealth)	[Min]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount Due: $0.00

Payment Instructions: [e.g., Bank Transfer, Credit Card Link, Check]

Diagnosis Codes (ICD-10): [Codes]

Thank you for choosing our Occupational Therapy services.