PRIMARY CARE CLINIC

123 Medical Plaza, Suite 400
City, State, Zip Code
Phone: (555) 012-3456
NPI: 0000000000

INVOICE

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

BILL TO:
[Patient Full Name]
[Street Address]
[City, State, Zip]
[Patient ID / DOB]

PAYMENT METHOD:
[Insurance Provider]
[Policy Number]
[Credit Card / Bank Transfer]

Service Date	CPT Code	Description of Telehealth Service	Amount
[MM/DD/YYYY]	99213-95	Office/outpatient visit, established (Telehealth)	$0.00
[MM/DD/YYYY]	[Code]	[Additional Description]	$0.00

Subtotal: $0.00
Insurance Adjustment: ($0.00)
Total Due: $0.00

Notes: Services rendered via HIPAA-compliant synchronous audio-visual platform. Modifiers -95/GT applied where applicable.

Please make checks payable to: Primary Care Clinic. Thank you for choosing our telehealth services.