[Therapist Name/Practice]

[Street Address]
[City, State, Zip]
[Phone Number]
[NPI Number]

INVOICE

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

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Client Email]

SERVICE DETAILS

Platform: [Secure Video/Telehealth]
Session Duration: [45/60 Minutes]
Diagnosis Code: [ICD-10 Code]

Date of Service	CPT Code / Description	Rate	Total
[MM/DD/YYYY]	90837 - Psychotherapy, 60 min (Telehealth)	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax / Adj. $[0.00]
Total Due $[0.00]

Notes: All telehealth sessions are conducted via HIPAA-compliant encrypted platforms.

Payment Instructions: [Link to Portal / Mailing Address / Bank Transfer Info]