

Advanced Physical Therapy Solutions

123 Wellness Way, Suite 100
Medical District, ST 12345
Phone: (555) 010-8899

INVOICE

Date: _____
Invoice #: _____

PATIENT / BILL TO

Name: _____
Address: _____
City/Zip: _____
ID/Policy: _____

PROVIDER DETAILS

Attending: _____
NPI Number: _____
Facility ID: _____
Referral: _____

Date of Service	CPT Code / Description	Units	Rate	Amount
-----------------	------------------------	-------	------	--------

Date of Service

CPT Code / Description

Units

Rate

Amount

Subtotal: \$ _____

Insurance Paid: (\$ _____)

Balance Due: \$ _____

Please make checks payable to Advanced Physical Therapy Solutions.

Thank you for choosing us for your rehabilitation needs.