

# AQUATIC THERAPY SERVICES

123 Poolside Lane  
Oceanview, ST 12345  
Phone: (555) 010-8899

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

### BILL TO:

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

### SESSION DETAILS:

Referring Physician: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Pool Temp: \_\_\_\_\_ F

Date of Service	CPT Code / Description	Duration	Unit Price	Total
	97113 - Aquatic Therapeutic Exercise			
	97110 - Therapeutic Procedure			
	97112 - Neuromuscular Re-education			
	Pool Use Fee / Facility Access			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Amount Due: \$ \_\_\_\_\_**

**Payment Terms:** Due within 30 days. Please make checks payable to Aquatic Therapy Services.

*Note: These services were performed in a therapeutic aquatic environment under the supervision of a licensed physical therapist.*