

# MOLECULAR DIAGNOSTICS

123 Genomic Way, Science City, State 00000  
Phone: (555) 010-9988 | Email: billing@genelab.example

## INVOICE

Date: [Date]  
Invoice #: [000000]  
PO #: [Reference]

### BILL TO

[Client/Institution Name]  
[Attn: Department Name]  
[Street Address]  
[City, State, Zip]

### PATIENT / CASE REFERENCE

Patient ID: [ID-000]  
Accession #: [ACC-000]  
Collection Date: [Date]  
Ordering Provider: [Name]

CPT Code	Description of Service / Panel	Qty	Unit Price	Total
[00000]	[e.g., NGS Targeted Oncology Panel]	1	\$0.00	\$0.00
[00000]	[e.g., DNA Extraction and Quantitation]	1	\$0.00	\$0.00
[00000]	[e.g., Bioinformatics Analysis]	1	\$0.00	\$0.00

Subtotal: \$0.00  
Adjustments/Insurance: (\$0.00)  
**Total Balance Due: \$0.00**

**Payment Terms:** Net 30. Please make checks payable to "Molecular Diagnostics Laboratory".

This document contains confidential health information protected by applicable privacy laws.