[Clinic Name]

Functional & Integrative Medicine
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Provider: [Name/NPI]

PATIENT:
[Patient Name]
[Patient Address]
[Patient ID/DOB]

Service / Supplement	ICD-10/CPT	Qty	Unit Price	Total
Initial Functional Medicine Consultation	99204	1	$0.00	$0.00
Advanced Metabolic Lab Panel	-	1	$0.00	$0.00
Clinical Grade Supplement: [Name]	-	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Balance Due: $0.00

Note: Functional medicine services may not be covered by all insurance carriers. This document serves as a superbill for your records. Please consult your provider for reimbursement procedures.

Payment Terms: Due upon receipt. Thank you for choosing us for your wellness journey.