ADVANCED CHIROPRACTIC WELLNESS CENTER

123 Wellness Way, Suite 100
Health City, ST 12345
Phone: (555) 010-8888
Email: billing@advancedchiro.com

INVOICE NUMBER

#INV-_____

DATE OF SERVICE

____ / ____ / 20____

PATIENT INFORMATION

Name: _____
ID: _____
Address: _____
_____

INSURANCE DETAILS

Provider: _____
Policy #: _____
Group #: _____
Auth code: _____

CPT Code	Description of Service	Qty	Unit Price	Total

CPT Code	Description of Service	Qty	Unit Price	Total

Subtotal: $ _____
Insurance Adjustment: ($ _____)
Copay/Amount Paid: ($ _____)

Balance Due: $ _____

Notes: _____

Payment is due within 30 days. Please make checks payable to "Advanced Chiropractic Wellness Center".
Thank you for choosing us for your spinal health and wellness needs.