SUBSCRIPTION INVOICE

[Clinic Name]
[Street Address]
[City, State, Zip]
[Phone Number]

PATIENT / SUBSCRIBER
[Patient Name]
[Patient Address]
[Patient Phone]
ID: [Patient ID]

INVOICE DETAILS
Invoice #: [0000]
Date: [Date]
Billing Cycle: [Monthly/Annual]
Next Renewal: [Date]

Description	Quantity	Unit Price	Amount
[Plan Name] Wellness Subscription Includes [X] Adjustments per month	1	$[0.00]	$[0.00]
[Additional Service/Supplement]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total: $[0.00]

PAYMENT STATUS

[PAID / PENDING / AUTOPAY]

Thank you for choosing [Clinic Name] for your wellness journey.
Subscriptions may be cancelled with [X] days notice prior to the next billing cycle.