SPECIALIZED CONTACT LENS CLINIC

123 Optometry Way, Vision Suite 400
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____
Patient ID: _____

PATIENT INFORMATION

Name: _____
Address: _____
Phone: _____

PROVIDER INFORMATION

Practitioner: _____
NPI Number: _____
License #: _____

FITTING SERVICES & SUPPLIES

Description	Code (CPT/HCPCS)	Qty	Unit Price	Amount
Comprehensive Eye Exam (Contact Lens Related)	92014			
Specialized Fitting (Scleral / Ortho-K / Hybrid)	92313			
Contact Lens Supply - Right (OD) BC:____ DIA:____ PWR:____ CYL:____ AXIS:____	V2521			
Contact Lens Supply - Left (OS) BC:____ DIA:____ PWR:____ CYL:____ AXIS:____	V2521			

Description	Code (CPT/HCPCS)	Qty	Unit Price	Amount
Follow-up Assessment / Topography	92025			

Subtotal: $ _____
Insurance Credit: - $ _____
Tax: $ _____

Total Due: $ _____

NOTES & PROFESSIONAL INSTRUCTIONS

Thank you for choosing our specialized lens services. Please follow the prescribed cleaning regimen.