Advanced Podiatry Services

123 Medical Plaza, Suite 400
Healthcare City, ST 12345
Phone: (555) 010-8899

INVOICE

Number: _____
Date: _____

PATIENT INFORMATION

Name: _____
ID: _____
Address: _____

BILLING DETAILS

Insurance Provider: _____
Policy Number: _____
Referring Physician: _____

Date of Service	CPT Code / Description of Service	Qty	Amount

Subtotal: $0.00
Insurance Adjustment: ($0.00)

Total Patient Balance: $0.00

CLINICAL NOTES / PROVIDER INSTRUCTIONS

Payment is due within 30 days of service. Please make checks payable to "Advanced Podiatry Services".

Thank you for choosing us for your foot and ankle care.