Orthotic Specialist Clinic

123 Medical Plaza, Health Suite 400
City, State, Zip Code
Phone: (555) 012-3456

INVOICE

Invoice #: _____

Date: _____

PATIENT INFO:

Name: _____
ID: _____
Address: _____

BILLING INFO:

Insurance: _____
Policy #: _____
Referral: _____

HCPCS Code	Description of Orthotic Device / Service	Qty	Unit Price	Total

Subtotal: $_____
Insurance Adjustment: $_____

Balance Due: $_____

Notes: _____

Terms: Please pay within 30 days. Make checks payable to "Orthotic Specialist Clinic".