PODIATRY REHAB CENTER

123 Medical Plaza, Health City
Phone: (555) 012-3456
Email: billing@podiatryrehab.com

INVOICE

Invoice #: _____
Date: _____

PATIENT INFORMATION:

Name: _____
ID: _____
Address: _____

PAYMENT STATUS:

Due Date: _____
Method: _____

Service Date	Description of Treatment/Orthotics	ICD-10/CPT	Amount
			$
			$
			$

Subtotal: $_____
Insurance Paid: $_____

Total Due: $_____

Provider Signature: _____

Notes: Rehabilitation progress is subject to clinical evaluation. Please include the invoice number on all payments. Thank you for choosing Podiatry Rehab Center.