SPORTS PODIATRY CLINIC

123 Performance Way, Suite 10
City, State, ZIP
Phone: (555) 010-8899

INVOICE

Invoice #: _____
Date: _____

PATIENT:

Name: _____
ID: _____
Referral: _____

PAYMENT STATUS:

[ ] Paid
[ ] Pending
[ ] Insurance Claimed

Service / Item Description	Code	Qty	Unit Price	Amount
Initial Biomechanical Assessment	_____	_____	_____	_____
Custom Carbon Fiber Orthotics	_____	_____	_____	_____
Gait Analysis & Video Review	_____	_____	_____	_____

Service / Item Description	Code	Qty	Unit Price	Amount

Subtotal: $_____
Tax/GST: $_____

Total Due: $_____

Provider Notes: _____

Payment is due within 14 days. We accept Credit Card, Cash, or Health Insurance Reclaim.

Thank you for choosing Sports Podiatry Clinic for your foot health and performance.