NEUROLOGY CONSULTATION PRACTICE

[Practice Address Line 1]
[City, State, Zip]
Phone: (555) 000-0000
NPI: 0000000000

INVOICE

Date: [Date]
Invoice #: [0001]

PATIENT INFORMATION

[Patient Name]
[Patient Address]
DOB: [MM/DD/YYYY]
ID: [Patient ID/Chart #]

BILLING/INSURANCE

[Insurance Provider]
Policy #: [Policy Number]
Auth #: [Prior Auth Code]

Date of Service	CPT Code	Description of Service	Amount
[Date]	99204	New Patient Office Consultation (Neurological)	$0.00
[Date]	95819	Electroencephalogram (EEG) - Extended Monitoring	$0.00

Date of Service	CPT Code	Description of Service	Amount
[Date]	95910	Nerve Conduction Studies (7-8 studies)	$0.00

Subtotal: $0.00
Insurance Paid: ($0.00)
Balance Due: $0.00

Diagnosis Codes (ICD-10): [G40.909, R51.9, etc.]

Please make checks payable to: [Practice Name]. Payments are due within 30 days of the invoice date.