

Gynecologic Oncology Center

123 Medical Plaza, Oncology Wing
Phone: (555) 010-8899
Email: billing@gyn-oncology.center

INVOICE

Invoice #: _____

Date: _____

PATIENT INFORMATION:

Name: _____

ID: _____

Address: _____

INSURANCE PROVIDER:

Carrier: _____

Policy #: _____

Authorization #: _____

Date of Service	CPT/HCPCS Code	Description of Procedure / Treatment	Amount

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Subtotal: \$ _____

Insurance Adjustment: (\$ _____)

Patient Co-pay/Deductible: \$ _____

Total Balance Due: \$ _____

Payment Terms: Due upon receipt. Please make checks payable to "Gynecologic Oncology Center".

Note: This invoice includes specialized gynecologic oncological services, including diagnostics, surgical consultations, or chemotherapy administration as indicated above.