

# ONCOLOGY SPECIALTY PHARMACY

123 Medical Center Way  
Hearthstone, ST 54321  
Phone: (555) 010-9988

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Account #: \_\_\_\_\_

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### PATIENT INFORMATION

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### PRESCRIBER & INSURANCE

Physician: \_\_\_\_\_  
NPI: \_\_\_\_\_  
Carrier: \_\_\_\_\_  
Auth #: \_\_\_\_\_

Medication / NDC	Qty	Days Supply	Unit Price	Total
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Subtotal: \$ \_\_\_\_\_  
Insurance Paid: \$ \_\_\_\_\_  
Co-pay/Deductible: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

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**Notes:** Oncology medications may require special handling and biohazard disposal. Please refer to the attached Patient Education Sheet for side effect management and storage instructions.

Confidential Medical Record - HIPAA Protected