

ONCOLOGY & TARGETED THERAPY

[Clinic Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

PATIENT INFORMATION

[Patient Name]
DOB: [MM/DD/YYYY]
Patient ID: [ID-000]
Insurance: [Provider Name]

ORDERING PHYSICIAN

Dr. [Physician Name]
NPI: [Number]
Department: Oncology

| Description of Services / Medication | Code (HCPCS/CPT) | Qty/Units | Unit Price | Amount |
|---|------------------|-----------|------------|--------|
| Targeted Therapy Medication (e.g., Monoclonal Antibody) | [J-Code] | [0] | \$0.00 | \$0.00 |
| IV Infusion Administration (First Hour) | 96413 | 1 | \$0.00 | \$0.00 |

| Description of Services / Medication | Code (HCPCS/CPT) | Qty/Units | Unit Price | Amount |
|---------------------------------------|------------------|-----------|------------|--------|
| Additional Infusion Time / Sequential | [Code] | [0] | \$0.00 | \$0.00 |
| Pharmacy Compounding Fee | [Code] | 1 | \$0.00 | \$0.00 |

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Notes: Please include Invoice Number with your payment. Targeted therapy cycles are billed per administration.

Â© 2023 [Clinic Name] | Confidential Medical Billing