IN-HOME GERIATRIC CARE

123 Medical Plaza, Suite 400
City, State, Zip
Phone: (555) 000-0000

INVOICE #: _____
DATE: _____

PATIENT INFORMATION:

Name: _____
Address: _____
DOB: _____

BILLING INFORMATION:

Payor Name: _____
ID Number: _____
Provider NPI: _____

Date of Service	CPT Code / Description of Care	Duration	Rate	Total

Subtotal: $_____

Medical Supplies: $_____

Balance Due: $_____

Clinical Notes / Instructions: _____

Payment is due within 30 days. Please make checks payable to In-Home Geriatric Care.