HEMATOLOGY SPECIALIST LABORATORY

123 Clinical Way, Medical District
Phone: (555) 010-8899
Email: billing@hematologylab.com

INVOICE

Invoice #: _____
Date: _____

PATIENT INFORMATION

Name: _____
ID: _____
DOB: _____

ORDERING PHYSICIAN

Dr. _____
Facility: _____
NPI: _____

Test Code	Description (Hematology Services)	Quantity	Unit Price	Amount

Subtotal: $ _____
Insurance Adjustments: ($ _____)

Balance Due: $ _____

Please make checks payable to: Hematology Specialist Laboratory

Payment Terms: Net 30 Days. Thank you for choosing our specialized diagnostic services.