OTOLARYNGOLOGY SPECIALIST SERVICE

123 ENT Medical Plaza
Suite 400, Clinical Towers
Phone: (555) 010-8899

INVOICE

Invoice #: _____
Date: _____

PATIENT DETAILS:

Name: _____
DOB: _____
ID/MRN: _____

BILLING TO:

Insurance Carrier: _____
Policy Number: _____
Guarantor: _____

Date of Service	CPT Code	Description of Service / Procedure	Charges
		Otolaryngology Consultation	$
		Diagnostic Laryngoscopy / Endoscopy	$
		Audiometry / Vestibular Testing	$

Date of Service	CPT Code	Description of Service / Procedure	Charges
			$

Subtotal: $ _____
Adjustments/Insurance: $ _____

Total Amount Due: $ _____

Provider: _____ (NPI: _____)

Terms: Payment is due upon receipt of invoice. Please include the invoice number with your payment.