Rheumatology Specialist Clinic

123 Medical Plaza, Suite 400
City, State, Zip Code
Phone: (555) 012-3456

INVOICE

Invoice #: _____
Date: _____

Patient Details:
Name: _____
ID: _____
Address: _____
Insurance Information:
Provider: _____
Policy #: _____
Auth #: _____

Service Code	Description	Qty	Unit Cost	Amount
99214	Office Visit - Established Patient	1	$0.00	$0.00
20610	Arthrocentesis / Joint Injection	1	$0.00	$0.00
86038	ANA Screen (Lab)	1	$0.00	$0.00

Subtotal: $0.00
Insurance Paid: ($0.00)

Balance Due: $0.00

Notes: Payments are due within 30 days of the invoice date. Please make checks payable to "Rheumatology Specialist Clinic".

Specializing in Arthritis, Lupus, and Autoimmune Disorders.