UROLOGY SPECIALISTS CLINIC

Prostate, Kidney & Bladder Care

INVOICE

INV-0000

Provider Information:
Dr. [Physician Name], MD
[Practice Address Line 1]
[City, State, Zip]
NPI: [Number] | Tax ID: [Number]
Patient Information:
[Patient Full Name]
[Address/Contact]
DOB: [MM/DD/YYYY]
Patient ID: [ID Number]

Date of Service: [Date]
Referring Physician: [Name/N/A]

CPT Code	Description of Service	Units	Unit Price	Total
99204	Urological Consultation - Office Visit	1	$0.00	$0.00
51741	Complex Uroflowmetry	1	$0.00	$0.00
76872	Transrectal Ultrasound (TRUS)	1	$0.00	$0.00
-	In-office Lab Analysis	1	$0.00	$0.00

Subtotal: $0.00

Insurance Adjustment: ($0.00)
Insurance Paid: ($0.00)

Patient Balance: $0.00

Payment Terms: Balance due within 30 days of invoice date. Please make checks payable to "Urology Specialists Clinic".

Diagnostic ICD-10 Codes: [Codes listed here]

For billing inquiries, please call [Phone Number] or email [Email Address].