

# [PRACTICE NAME]

[Provider Name, Credentials]  
[Street Address]  
[City, State, Zip]  
[Phone Number] | [Email]  
NPI: [NPI Number] | Tax ID: [Tax ID]

## INVOICE

Invoice #: [000]  
Date: [MM/DD/YYYY]  
Due Date: [MM/DD/YYYY]

### BILL TO

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[Client Name]  
[Client Address]  
[Client City, State, Zip]

### PAYMENT INSTRUCTIONS

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Make checks payable to: [Practice Name]  
Other Methods: [Zelle/Venmo/Portal Link]

DATE	SERVICE / CPT CODE	DESCRIPTION	AMOUNT
[MM/DD/YYYY]	[Code]	[Service Name]	\$0.00
[MM/DD/YYYY]	[Code]	[Service Name]	\$0.00

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Subtotal: \$0.00  
Insurance Paid: (\$0.00)  
Total Due: \$0.00

**NOTES**

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If this is for an insurance-reimbursable service, this document serves as a summary of account. Please retain for your records or for submission to your insurance provider for out-of-network benefits.