

URGENT CARE CENTER

123 Medical Plaza, Health City
Phone: (555) 000-0000
Tax ID: 00-0000000

INVOICE

Date: [Date]
Invoice #: [0000]
Visit ID: [UID-000]

PATIENT INFORMATION

[Patient Name]
[Patient Address]
[Phone Number]
DOB: [MM/DD/YYYY]

INSURANCE / BILLING

Provider: [Insurance Name]
Policy #: [Policy ID]
Guarantor: [Name]

Service Date	Description / CPT Code	Qty	Amount
[Date]	Office Visit - Level [X]	1	\$0.00
[Date]	[Lab/Procedure Name]	1	\$0.00
[Date]	[Supplies/Medication]	1	\$0.00

Subtotal: \$0.00
Insurance Paid: (\$0.00)
Co-pay Received: (\$0.00)

Balance Due: \$0.00

Please make checks payable to: **Urgent Care Center**

Payment is due within 30 days of invoice date. For billing inquiries, call (555) 000-0000.