[Practice Name]

[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

ÂŠ Ï¸ OVERDUE NOTICE: [NUMBER] DAYS PAST DUE

Client:

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

Payment Details:

Original Due Date: [MM/DD/YYYY]
Provider: [Therapist Name]
NPI: [Number]

Date of Service	CPT Code / Description	Duration	Amount
[MM/DD/YYYY]	[90837] - Psychotherapy, 60 min	60 min	$0.00
[MM/DD/YYYY]	[Late Cancellation / Misc]	--	$0.00

Subtotal: $0.00
Late Fees: $0.00

Total Balance Due: $0.00

Note: [Insert custom message regarding payment plans or accepted payment methods here].

If payment has already been sent, please disregard this notice. Thank you.