|  |  |
| --- | --- |
| Company / EMS Name | Icon  Description automatically generated AMBULANCE**INVOICE** |
| Your address line 1Your address line 2City, State, ZIP | 1(123) 456-7899info@youremail.comwww.yourwebsite.com |
|  |
| Bill To | Invoice # | Payment Terms | Amount Due |
| Patient NameAddress line 1Address line 2City, State, ZIP | e.g., 000000 | e.g., Net 30 | $988.00 |
| Issue Date | Due Date |
| e.g., 01/01/2025 | e.g., 01/30/2025 |
|  |
| Description | Qty / Miles | Price / Rate | Amount |
| Basic Life Support (BLS) | 1 | $750.00 | $750.00 |
| Mileage | 12 miles | $15 / mile | $180.00 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Payment Method(s): e.g., Credit Card, Check | Subtotal | $930.00 |
| Tax | $58.00 |
| Payment Link(s): | Misc. | - |
|  |  |
| Notes: | **Amount Due** | **$988.00** |
|  |  |