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| Prescribing Physician or Office Name | DOCTOR / PHYSICIAN**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 namePatient address line 1Address line 2City, State, ZIP | e.g., 000000 | e.g., Net 14 | $271.00 |
| Issue Date | Due Date |
| 01/01/2025 | 01/14/2025 |
|  |
| Description | Qty / Hrs | Price / Rate | Amount |
| Post-surgery check-upYearly physical inspection. No issues presented. | 1 | $250.00 | $200.00 |
| Arm slingFor reducing amount of weight on recovering arm.  | 1 | $50.00 | $50.00 |
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| Payment Method(s): e.g., Credit Card, check, online | Subtotal | $250.00 |
| Tax | $21.00 |
| Payment Link(s): e.g., https://healthpaymentonline.com/ | Misc. | - |
|  |  |
| Notes: | **Amount Due** | **$271.00** |
|  |  |