|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prescribing Physician or Office Name | | | | | DOCTOR / PHYSICIAN  **INVOICE** | | |
| Your address line 1  Your address line 2  City, State, ZIP | 1(123) 456-7899  info@youremail.com  www.yourwebsite.com | | | |
|  | | | | | | | |
| Bill To | | Invoice # | | Payment Terms | | Amount Due | |
| Patient name  Patient address line 1  Address line 2  City, 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-up  Yearly physical inspection. No issues presented. | | | 1 | | $250.00 | | $200.00 |
| Arm sling  For 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** |
|  | |  |