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| --- | --- | --- | --- | --- | --- | --- | --- |
| Nurse / Office Name | | | | | NURSE  **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  Address line 1  Address line 2  City, State, ZIP | | e.g., 00001 | | e.g., Net 14 | | $103.00 | |
| Issue Date | | Due Date | |
| 01/01/2025 | | 01/14/2025 | |
|  | | | | | | | |
| Description | | | Hours | | Rate ($/hr) | | Amount |
| Wound dressing  Applied dressing to arm for cut sustained during fall | | | .5 | | $30.00 | | $15.00 |
| Infusion therapy  High-flux dialysis | | | 2 | | $40.00 | | $80.00 |
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|  | | |  | |  | |  |
| Payment Method(s): e.g., Cash, check, paypal | | | | | Subtotal | | $95.00 |
| Tax | | $8.00 |
| Payment Link(s): e.g., www.samplepaymentlink.com/ | | | | | Misc. | | - |
|  | |  |
| Notes: | | | | | **Amount Due** | | **$103.00** |
|  | |  |