

## Medical Invoice Template (1)

## 400+ Free Excel Invoice Templates

## **Uniform Software**

Template#: c7009
Paper Size: A4 (210 mm x 297 mm)
Service Invoice Templates

Scroll down to find the PDF invoice on the next page.

## **ABC Healthcare**





Address

City, State ZIP

Phone#, web address

**DATE:** May 12, 2019

INVOICE #:

Bill To: #				Patient:				
Name				Name				
Address	Address							
City, ST ZIP	City, ST ZIP							
Country	Country							
Phone				Contact				
Physician			Terms		Due Date			
Sales1		Net 60						
Dt of Service	Description	Total Fee	Co-Pay	Ins Reim	Adj	Balance (PR)		
Jan 2, 19	Bariatric Surgery							
Jan 3, 19	Center for Human Nutrition							
Jan 4, 19	Weight Management Prog.							
May 1, 19								
May 2, 19								
May 3, 19								
						12.00		
	•			-	TOTAL	-		
					•			
Payment Type	☐ Check							
	☐ VISA ☐ MasterCard ☐ Amex ☐ Discover							
Cardholder Na	me							
Account Numb	oer .							
Exp Date								
CVV2 (3 digit number on the back of Visa/MC, 4 digits on front of AMEX)								
Date/								
Notes:								
•								