

## Medical Invoice Template (2)

## 400+ Free Excel Invoice Templates

## **Uniform Software**

Template#: c7017
Paper Size: A4 (210 mm x 297 mm)
Service Invoice Templates

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





DATE: INVOICE #:

Bill To: #		Patient				
Name		Name				
Address		Address				
City, State ZIP		City, State ZIP				
Country Phone		Country Contact				
Priorie		Contact				
Physician			Terms Due Date			
Dt of Service	Description	Total Fee	Co-Pay	Ins Reim	Adj	Balance (PR)
Jan 1, 2019	Fit for Healthy Weight Program					
Feb 1, 2019	General Pediatrics					
Mar 1, 2019	CAR T-Cell Therapy					
					TOTAL	-
Payment Type		Check				
		☐ VISA	☐ MasterCard	AMEX	Discover	
Cardholder Nam	e					
Account Number	r					
Exp Date						
CVV2 (3 digit number on the back of Visa/MC, 4 digits on front of AMEX)				-		
				Date	//	
Notes:						