

Simple Medical Invoice

A **simple medical invoice form** sample designed specifically for small practices ensures accurate billing and efficient record-keeping. This form streamlines the invoicing process by including essential patient and treatment details. Easily customizable, it helps small clinics maintain professionalism and clarity in their financial transactions.

Clinic Information

Clinic Name: _____
Address: _____
Phone: _____

Invoice No: _____
Date: _____

Patient Information

Patient Name: _____
Patient ID: _____
Date of Birth: _____
Phone: _____

Treatment / Services Provided

Description of Service	Date	Quantity	Unit Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: \$ _____

Tax (%): \$ _____

Total Amount Due: \$ _____

Payment Method

☐ Cash ☐ Credit Card ☐ Insurance ☐ Other: _____

Notes

Thank you for your visit!