

# 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

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*Thank you for your visit!*