

Itemized Invoice Form - Medical Billing

An **itemized invoice form sample** for medical billing provides a detailed breakdown of medical services and charges. This form ensures transparency and accuracy in billing, facilitating smoother insurance claims and patient payments. It is essential for maintaining organized financial records in healthcare settings.

Provider Name:

Provider Address:

Provider Phone:

Patient Name:

Patient ID:

Date of Service:

Insurance Provider:

Policy Number:

Date	Service Description	CPT/HCPCS Code	Quantity	Unit Price (\$)	Total (\$)
2024-07-01	Office Visit - Initial Consultation	99201	1	120.00	120.00
2024-07-01	Blood Test - CBC	85027	1	40.00	40.00
2024-07-01	Chest X-Ray	71020	1	85.00	85.00
Total Amount Due					\$245.00

Notes/Comments:

Please submit invoice to your insurance provider for reimbursement. Payment is due within 30 days.

Authorized Signature:

Date: