

Medical Invoice

Provider:

Clinic/Doctor Name
Address Line 1
Address Line 2
Phone: (123) 456-7890
Email: info@clinic.com

Invoice #: 001234

Date: 2024-06-18

Patient ID: P56789

Patient: John Doe

789 Patient Rd.
City, State ZIP
Phone: (098) 765-4321

Description of Treatment/Service	Date	Quantity	Unit Price	Total
General Consultation	2024-06-10	1	\$120.00	\$120.00
Blood Test	2024-06-10	1	\$80.00	\$80.00
X-Ray	2024-06-11	1	\$140.00	\$140.00
Medication (Amoxicillin)	2024-06-12	10	\$3.00	\$30.00
			Total Due:	\$370.00

Notes:

Payment is due within 30 days from the invoice date. Please contact our office with any questions about this bill.

This medical invoice template provides a clear and professional format for billing healthcare services, featuring an itemized treatment list for precise charge details. It ensures transparency and accuracy for both providers and patients. This template is ideal for medical practices aiming to streamline their invoicing process.