

Medical Invoice

Our **medical invoice template** includes clear payment terms and conditions to ensure timely and accurate transactions between healthcare providers and patients. This professionally designed template simplifies billing while detailing necessary financial policies. It helps streamline the invoicing process for improved medical practice management.

Provider Information

Name	Dr. Jane Smith	Practice	HealthCare Clinic
Address	123 Medical Road, City, State ZIP	Phone	(555) 123-4567

Patient Information

Name	John Doe	DOB	01/15/1980
Address	567 Patient Ave, City, State ZIP	Patient ID	00012345

Invoice Details

Invoice #	Date of Issue	Due Date
INV-2024-00110	2024-06-20	2024-07-04

Services Rendered

Description	Date	Quantity	Unit Price	Amount
General Consultation	2024-06-18	1	\$100.00	\$100.00
Blood Test	2024-06-18	1	\$50.00	\$50.00
Total				\$150.00

Payment Terms & Conditions

- Payment is due within 14 days of the invoice date.
- Accepted payment methods: credit card, debit card, bank transfer, and check.
- Late payments may incur a fee of 2% per month.
- Please include the invoice number with your payment.
- If you have insurance, submit this invoice for reimbursement if eligible.
- For any questions regarding this invoice, contact our billing department at (555) 123-4567 or billing@healthcareclinic.com.

Thank you for choosing HealthCare Clinic for your medical needs.