

Medical Invoice

Simple medical invoice template for small healthcare providers

Provider: [Your Clinic or Practice Name]
[Address Line 1]
[City, State, ZIP]
Phone: [Provider Phone]

Invoice #: [123456]
Date: [MM/DD/YYYY]
Patient ID: [Patient123]
Patient Name: [Patient Name]

Service Details

Description	Date	Quantity	Unit Price	Amount
[Consultation/Service]	[MM/DD/YYYY]	1	[\$[Amount]]	[\$[Amount]]

Subtotal: \$[Subtotal]

Tax: \$[Tax]

Total Due: **\$[Total]**

Payment due within 30 days.
Please make checks payable to [Your Clinic/Practice Name].
If you have questions regarding this invoice, contact: [Email/Phone].