

# 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].