



Medical Invoice Template (2)

BoostExcel.com

Template#: c7017

Title: Medical Invoice Template (2)

Category: [Service](#)

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XYZ Healthcare

Address
City, State ZIP
Phone#, web address

INVOICE

DATE:
INVOICE #:

Bill To: #
Name
Address
City, State ZIP
Country
Phone

Patient:
Name
Address
City, State ZIP
Country
Contact

Physician			Terms		Due Date	
Dt of Service	Description	Total Fee	Co-Pay	Ins Reim	Adj	Balance (PR)
Jan 1, 2019	Fit for Healthy Weight Program					
Feb 1, 2019	General Pediatrics					
Mar 1, 2019	CAR T-Cell Therapy					
TOTAL						-

Payment Type	<input type="checkbox"/> Check
Cardholder Name	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Account Number	_____
Exp Date	_____
CVV2 (3 digit number on the back of Visa/MC, 4 digits on front of AMEX)	_____
	Date ____/____/____

Notes:

Thank you!