

Physiotherapy Service Invoice

Invoice #: PT-2024-0381 | Date: 2024-06-15

Provider Details:

Physio Health Clinic
123 Wellness Ave.
Citytown, ST 45678
Phone: (123) 456-7890
Email: info@physiohealth.com

Billed To:

Jane Smith
68 Client Road
Citytown, ST 45678
Phone: (987) 654-3210
Email: janesmith@email.com

Service Summary:

Date	Description	Duration	Unit Price	Amount
2024-06-10	Initial Assessment	60 min	\$85.00	\$85.00
2024-06-12	Physiotherapy Session	45 min	\$60.00	\$60.00
2024-06-14	Rehabilitation Exercise	30 min	\$45.00	\$45.00
Total				\$190.00

Amount Due: **\$190.00**

Due Date: 2024-06-28

Payment Information:

Bank: Citybank
Account Name: Physio Health Clinic
Account Number: 0123456789
Reference: PT-2024-0381

Provider Signature:

Date: _____

Important Notes:

- This invoice is valid only for services rendered as specified above.
- Please retain this document for insurance or reimbursement purposes.
- Payment is due by the indicated due date; late payments may incur additional fees.
- Contact our office for questions or clarifications regarding this invoice.
- This invoice does not constitute a medical certificate.