

Medical Invoice

Provider Information

Clinic/Provider Name: HealthCare Medical Center
Address: 123 Wellness Ave, Suite 100
City, State ZIP: Metropolis, NY 10001
Phone: (555) 123-4567
Email: billing@healthcaresource.com

Invoice Details

Invoice #: INV-2024-1058
Date of Issue: 2024-06-30
Due Date: 2024-07-15

Patient Information

Name: John Doe
Date of Birth: 1980-07-01
Patient ID: P-1145

Services Rendered

Service Description	Service Date	CPT Code	Quantity	Unit Price	Total
General Consultation	2024-06-28	99213	1	\$100.00	\$100.00
Complete Blood Count (CBC)	2024-06-28	85025	1	\$40.00	\$40.00
Chest X-Ray	2024-06-28	71020	1	\$120.00	\$120.00

Subtotal: \$260.00

Insurance Adjustment: -\$80.00

Total Due: \$180.00

Payment Instructions

Please make payment by the due date listed above. Payments can be made via check, bank transfer, or online portal. Contact the billing department for more assistance.

Important Notes:

- This invoice is for medical services rendered and must be retained for your records.
- Please verify with your insurance provider regarding coverage and benefits.
- Contact the medical office with any questions or corrections regarding this invoice.
- Late payments may be subject to additional charges.