[Your Company]

[Select Date]

INvoice #1234

|  |  |
| --- | --- |
| Bill To | Ship To |
| |  |  | | --- | --- | | Customer | [Customer Name] [Company] | | Customer ID# | [Customer ID] | | Address | [Address] [City, ST ZIP Code] | | Phone | [Telephone] | | |  |  | | --- | --- | | Recipient | [Recipient Name] [Company] | | Address | [Address] [City, ST ZIP Code] | | Phone | [Telephone] | |
| |  |  | | --- | --- | | Payment Due | [Select Date] | | Salesperson | [Salesperson Name] | | Payment Terms | [Terms] | | |  |  | | --- | --- | | Delivery Date | [Select Date] | | Shipping Method | [Ship Method] | | Shipping Terms | [Terms] | |

| PATIENT NAME | | #PAT NAME | PATIENT ACCT NUMBER | | #ACCNT NO | | BALANCE DUE | #BAL |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | CODE | DESCRIPTION OF SERVICE | CHARGE | ADJUSTMENT | INS PYMT | PAT RESP | PAT PYMT | BALANCE |
|  |  |  |  | |  | |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
|  | CURRENT | 30 DAYS | 60 DAYS | 90 DAYS | 120 DAYS | TOTAL ACCOUNT BALANCE |
| INSURANCE |  |  |  |  |  |  |
| PATIENT |  |  |  |  |  |  |

Thank you for your business!