

[Practice Name]

Medical License

NPI Number

Tax ID

Specialization

Insurance Networks

HIPAA Compliance

Medical Invoice Template

**Bill To**    Patient Name  
                  DOB/Age  
                  Insurance Info  
                  Medical ID  
                  Primary Care  
                  Emergency Contact  
                  Medical History

**Invoice Number**    2001321  
                              **Date**        11/23/2025  
                              **Service Date**

Description	Quantity	Unit price	Amount
Visit Fee	1	200,00 €	200,00 €
Treatment Costs	1	700,00 €	700,00 €
Medication	5	25,00 €	125,00 €
Insurance Adjustments	1	50,00 €	50,00 €
Total			1 075,00 €

Payment due within 30 days. Insurance claims are the patient's responsibility. A 1.5% interest will apply to overdue balances.