|  |  |
| --- | --- |
| Medical Insurance Name Your Company Slogan Street Address  City, ST ZIP Code  Phone: Enter phone Fax: Enter fax | INVOICE Invoice #Number  Date: Enter date  **Due date:** enter due date |
| To: Client Name  Street Address  City, ST ZIP Code | **NOTES:**  Enter Notes |

|  |  |
| --- | --- |
| DESCRIPTION | AMOUNT |
| Enter description 1 | Amount |
| Enter description 2 | Amount |
| Enter description 3 | Amount |
| Enter description 4 | Amount |
| Enter description 5 | Amount |
| Enter description 6 | Amount |
| Enter description 7 | Amount |
| Enter description 8 | Amount |
| Enter description 9 | Amount |
| Enter description 10 | Amount |
| Enter description 11 | Amount |
| Enter description 12 | Amount |
| Enter description 13 | Amount |
| Enter description 14 | Amount |
| Enter description 15 | Amount |
| Enter description 16 | Amount |
| Enter description 17 | Amount |

|  |  |
| --- | --- |
| TOTAL | Amount |

Make all checks payable to Medical Insurance Name

Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

Thank you for your business!