 MEDICAL INVOICE

|  |  |  |
| --- | --- | --- |
| Bill From  Name: \_\_\_\_\_\_\_\_\_\_\_\_  Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Bill To  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Invoice No. \_\_\_\_\_\_\_\_\_\_\_  Invoice Date: \_\_\_\_\_\_\_\_  Due Date: \_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Services Performed** | | **Medication** | **Patient** | **Rate ($)** | **Total ($)** |
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|  | |  |  |  |  |
|  | **Subtotal** | | | |  |
|  | Sales Tax | | | |  |
|  | Other | | | |  |
|  | **Total** | | | |  |

Terms and Conditions

Thank you for your business. Please send payment within \_\_\_\_\_\_ days of receiving this invoice. There will be a \_\_\_\_\_\_% per \_\_\_\_\_\_ on late invoices.

**Please Choose a Payment Type**

****

**Credit Card**

Visa  MasterCard  Discover  American Express

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account/CC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_ /\_\_\_\_

CVV \_\_\_\_

Zip Code \_\_\_\_\_\_\_

I authorize the above named business/individual to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(cardholder name)



**Bank Wire**

Name on Bank Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_