Your business name

Your street address
Your city
Your country

INVOICE

SAMPLE-001

Issued Aug 13, 2026
Due Sep 12, 2026

BILL TO

72 Maple Court
Columbus, OH 43004
United States

PO NUMBER

ACCT-20481

CURRENCY

USD

DESCRIPTION	QTY	PRICE	TOTAL
Office consultation, established patient	1	$180.00	$180.00
Diagnostic lab panel	1	$120.00	$120.00
Follow-up visit	1	$90.00	$90.00
Insurance adjustment and payment	1	-$210.00	-$210.00

Subtotal	$180.00
Total Due	**$180.00**

Net 30. This statement reflects the patient responsibility after insurance. Please include the account number with your payment.