

ESTIMATE

Medical estimate template
avoinvoice.com

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
PROVIDER NPI / TAX ID	PATIENT DOB / ACCOUNT #	DIAGNOSIS CODE (ICD-10)
PLACE OF SERVICE		

DESCRIPTION	QTY × RATE	AMOUNT
Service: date, CPT code, description, fee		
Procedure / lab / vaccine: date, CPT code, fee		
Supplies / medication		
Self-pay or prompt-pay discount (negative)		
Payment received at visit (negative)		
Balance from prior statement		

NOTES & PAYMENT TERMS
This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

ESTIMATED TOTAL