

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
LICENSE # / NPI	TAX ID	DIAGNOSIS CODE (SUPERBILL)
CLIENT DOB / INSURANCE ID		

DESCRIPTION	QTY × RATE	AMOUNT
Session: date of service, CPT code, length, fee		
Session: date of service, CPT code		
Session: date of service, CPT code		
Late cancellation / no-show (not reimbursable)		
Sliding-scale adjustment (negative)		
Payments received (negative)		

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