

INVOICE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

INVOICE #	DATE	DUE DATE
LICENSE # / NPI	TAX ID	CLAIM / REFERRAL REF.
PAYMENT METHOD		

DESCRIPTION	QTY × RATE	AMOUNT
Session: date, length, modality, CPT code		
Add-on: hot stones, cupping, extended time		
Package: purchase or session # of # (credit)		
Mobile / travel fee		
Gratuity (optional)		
Other		

NOTES & PAYMENT TERMS
Due at the time of service. This invoice may be submitted for HSA/FSA or insurance reimbursement; license and tax ID are shown above. Appointments cancelled with less than 24 hours' notice are billed at 50%. Gratuity is never expected and never reimbursable.

Subtotal

Tax

TOTAL DUE