

INVOICE

Therapy invoice template
avoinvoice.com

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

INVOICE #	DATE	DUE DATE
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
Fees are due at the time of service; monthly statements show sessions and payments for your records and for out-of-network claims. This document is a superbill when the diagnosis code is completed; submit it to your insurer for reimbursement. Appointments cancelled with less than 24 hours' notice are billed at \$75 and are not reimbursable.

Subtotal

Tax

TOTAL DUE