PHYSIOTHERAPY INVOICE

PRACTICE

Practice name _____

Address _____

Phone / email _____

Treating therapist _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Client account no. _____

BILL TO (CLIENT OR RESPONSIBLE PARTY)

Name _____ Phone / email _____

Address _____

CLIENT AND SESSIONS

Client name _____ Sessions on this invoice _____

Payment type _____

SESSIONS

Date	Session type	Hours	Rate per hour	Amount

Sessions subtotal

SESSION PACKAGES

Date	Package	Qty	Price	Amount

Packages subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Total

Less: payment received at first visit

Amount due

ABOUT THIS INVOICE

_____

_____

This invoice shows charges only. It is not an insurance claim form and contains no clinical information.