THERAPY INVOICE

PRACTICE

Practice name _____

Address _____

Phone / email _____

Therapist _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Account no. _____

BILL TO (CLIENT)

Client name _____ Email _____

Address _____

SESSIONS

Session dates _____

Payment type _____

Fee basis _____

SESSIONS

Date	Service	Code	Qty	Fee	Amount

Sessions subtotal

OTHER FEES

Date	Service	Code	Qty	Fee	Amount

Other fees subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Total

Less: payments received

Amount due

BILLING NOTES

_____

_____

Please quote the invoice number with your payment.