

Medical Invoice Template (2) in PDF Format



Template#: c7017

Medical Invoice Template (2) was designed by and initially released on <https://www.InvoicingTemplate.com> on Friday, January 17, 2014, and is categorized as **Service**. As always **Medical Billing Form (2)** was published in two editions - one free **Medical Invoice Template (2)**, and another Uniform Invoice Software version that is able to turn **Medical Invoice Template (2)** into complete invoicing software. This "**Medical Invoice Template (2) in PDF Format**" document includes brief description about the template, as well as a PDF invoice form exported from "medicalinvoicetemplate2.xls". Visit [the collection page](#) to find our collection of PDF invoice templates!

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Medical Invoice Template (2) - Summary

Medical Invoice Template (2) is a variant of [Medical Bill Sample \(1\)](#). This customized medical invoice format differs from the original medical invoice form by being printable on landscape paper orientation.

Medical Invoice Template (2) - PDF Format



XYZ Healthcare

Address
City, State ZIP
[Phone#, web address](#)

INVOICE

DATE:
INVOICE #:

Bill To:

Patient:

Physician			Terms		Due Date	
Dt of Service	Description	Total Fee	Co-Pay	Ins Reim	Adj	Balance (PR)
TOTAL						-

Payment Type	<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp Date	_____
CVV2 (3 digit number on the back of Visa/MC, 4 digits on front of AMEX)	_____
	Date <u> </u> / <u> </u> / <u> </u>

Notes:

Thank you!