**Your Name & Specialty**

Address Line 1

Address Line 2

Address Line 3

POSTCODE

Phone Number

Email

Name

Address Line 1

Address Line 2

Address Line 3

POSTCODE

**Invoice Number:**

**Invoice Date:**

**INVOICE**

|  |  |
| --- | --- |
| **Patient Title:** | **Patient Surname:** |
| **Patient First Name(s):** | **D.O.B:**  |

|  |
| --- |
| **Treatment Details** |
| **Date of Treatment** | **Description/ Procedures** | **Treatment setting** | **Fee** |
| This should be the actual date of treatment and not the invoice date | Description of the service provided and if the treatment was a procedure also add this information | This should be where the care was delivered e.g. inpatient, outpatient, day case, or consulting room |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Amount due:** | **£0.00** |

Payment details: Payment must be made within [insert payment terms] by [list your preferred methods]. (Cheques must be payable to [payee name] and posted to the above address.) Bank payments must be made to Account number [insert account number], sort code [insert sort code] and account name: [insert account name] – please use the invoice number as reference.

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Use a remittance slip if you’re accepting cheques

**REMITTANCE: Please return with cheque**

Name:

Invoice Number:

Cheque enclosed for £