



SAMPLE INVOICE

Organization:
 Address:
 Rendering Clinician:
 Clinician NPI:
 Invoice #:

Client unique identifier: _____

Month and Year of treatment: _____

Dates of Service	CPT	Counseling grant request	Billing type	Telehealth or In Person
<i>EX: 9.1.2021</i>	<i>90806</i>	<i>\$25.00</i>	<i>Co-Pay</i>	<i>Telehealth</i>

Monthly total request: \$

By signing below, I confirm that the information provided is accurate and that neither the client nor a third party will be billed for the charges listed on this invoice.

Rendering clinician signature: _____ Date: _____