

The Industry's Guide to Private Medical Invoicing

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This document contains information about industry guidelines to medical invoicing in the private health sector.

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To help practitioners, especially those new to private practice, we've put together best-practice guidelines for medical invoicing. These guidelines will help you invoice to a standard, ensuring the payor has sufficient info to settle the invoice on receipt.

Here's the industry standard for a private medical invoice, although not all payors require everything. To keep the Clearing Service process running seamlessly, the following key details should be included:

About the Invoice

- Invoice number
- Invoice date

About You

- Full name
- Provider or professional number
- Specialty
- Invoicing address
- Payment details

About the Patient

- Patient name
- Date of birth
- Insurance company or paying organisation
- Patient policy number, if insured
- Patient address
- Diagnosis code and description - if required
- The name of the practitioner in charge of overall patient care if you're not the lead - remember to include their provider/professional number

About the Treatment

The following info is required for each treatment:

- The type of care delivered e.g. inpatient, outpatient, day case, consulting room or other
- Date of treatment
- Service provided
- Procedure code and description, if applicable
- Total charges

To help you, we've produced two templates that you can download:

- Invoice template for organisations (payors)
- Invoice template for self-pay patients

Invoice Template for Organisations

Invoice template for invoicing payors

Name
 Address Line 1
 Address Line 2
 Address Line 3
 POSTCODE

Invoice Date:

Invoice No:

PRACTITIONER INFORMATION			
Title:		Surname:	First name(s):
Provider / professional no:	If you're recognised by the payor, you should have been issued with a provider number. If not, enter your professional number (GMC/HCPC etc.)	Specialty:	
Telephone no:		Email:	
Billing address:		Payment Details:	
		BACS Transfer: <input type="checkbox"/>	Sort code:
		Account no:	
		Cheque: <input type="checkbox"/>	

PATIENT INFORMATION			
Title:		Surname:	First name(s):
Paying Organisation:		Policy no: (if applicable)	This is the number issued by the payor to the patient
Patient Address:		D.O.B:	
		Authorisation no: (if available)	
		This is the pre-authorisation code obtained from the payor by you or the patient	
If you are not the lead consultant, please provide the name of the consultant in charge of overall patient care.			
Name of lead consultant:		Provider / professional no:	

TREATMENT DETAILS			
Should indicate when and where the treatment was carried out. The admission and discharge dates are required for inpatient care			
Location of treatment:	Where the treatment was carried out		
Diagnosis code / description: (if applicable)	Some payors want to know what's wrong with the patient		
TREATMENT CHARGES & FEES			
Please include code and description of procedure where the treatment was procedural.			
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 - procedure codes are found on the CCSD or the respective payor websites	This should be where the care was delivered e.g. inpatient, outpatient, day case, or consulting room	
TOTAL AMOUNT:			£0.00

To download this, click [here](#)

Invoice Template for Self-Pay Patients

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
<i>This should be the actual date of treatment and not the invoice date</i>	<i>Description of the service provided and if the treatment was a procedure also add this information</i>	<i>This should be where the care was delivered e.g. inpatient, outpatient, day case, or consulting room</i>	
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.

Use a remittance slip if you're accepting cheques|

REMITTANCE: Please return with cheque

Name:
Invoice Number:
Cheque enclosed for £

To download this, click here.

More Information

You can find more info about procedure codes and descriptions on the CCSD website.
[<https://www.ccsd.org.uk/>] Check the individual payors' websites for their fee schedules.