**Your Name & Speciality**

Address Line 1

Address Line 2

Address Line 3

POSTCODE

Phone Number

Email

**Att:**

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** |
| Should indicate when the treatment was carried out. | Description of the service carried out and procedure information if the treatment was procedural. | Whether the care is delivered as an inpatient, outpatient, day case, or consulting room. |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Amount due:** | **£0.00** |

Payment details: Payment must be made within [**insert payment terms**] by cheque or BACS transfer. Cheques must be payable to [**payee name**] and posted to the above address. BACS payments must be transferred to [**your name**] account at **[name of bank**] Account number [**insert account number**], sort code **[insert sort code**], account name: [**insert account name**].

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**REMITTANCE: Please return with cheque or to notify of BACS payments to [your name]**

Invoice Number…………………………. Name………………………………

Cheque enclosed £……………………..

BACS payment £……………………...