

INVOICE

Bob Roth

physical-therapy@domain.com
(XXX)-555-XXXX

Bill To:

John Smith

123 Main Street, Anytown, CA 90001
john.smith@domain.com
(XXX)-555-XXXX

Invoice	#INV-000101
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Issued Date:	02/20/2025
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Balance Due:	\$475
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Services	QTY	Price	Total
Comprehensive assessment of patient's physical condition and therapy needs.	1	\$150	\$150
Focused exercises to enhance muscle strength and endurance.	1	\$80	\$80
Guided stretching routines to improve flexibility and range of motion.	1	\$70	\$70
Activities designed to improve stability and prevent falls.	1	\$75	\$75
Therapeutic methods for reducing chronic or acute pain.	1	\$85	\$85

Subtotal:	\$460
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Tax:	\$15
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Total:	\$475
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Terms & Conditions:

Payment Due Upon Receipt.

Please choose one of the following payment methods:

Check: Bob Roth 123 Main Street, Anytown, CA 90001

Zelle: Bob Roth (XXX)-555-XXXX/bob.roth@domain.com

Venmo: @Bob-Roth

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