

INVOICE

Albert Ellis

therapists@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

Issued Date: 02/20/2025

Balance Due: \$715

Services	QTY	Price	Total
Comprehensive assessment of mental health needs.	1	\$150	\$150
Focused session on cognitive restructuring and behavior modification.	1	\$120	\$120
Guided meditation to enhance present-moment awareness.	1	\$100	\$100
Interactive workshop on techniques for managing stress effectively.	1	\$200	\$200
Therapy focused on improving emotional responses and resilience.	1	\$130	\$130

Subtotal: \$700

Tax: \$15

Total: \$715

Terms & Conditions:

Payment Due Upon Receipt.

Please choose one of the following payment methods:

Check: Albert Ellis 123 Main Street, Anytown, CA 90001

Zelle: Albert Ellis (XXX)-555-XXXX/albert.ellis@domain.com

Venmo: @Albert-Ellis

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