|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | | **HEALTH INSURANCE INVOICE** | |
| **FROM** | |  | |  | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | **INVOICE #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
|  | |  | |  | |
| **BILL TO** | |  | |  | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | | **AMOUNT ($)** |
|  | |  |
| **NOTES**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SUBTOTAL** |  |
| **DISCOUNT** |  |
| **TAX / VAT** |  |
| **SHIPPING** |  |
| **TOTAL** |  |

THANK YOU FOR YOUR BUSINESS