## Invoice Template for billing Organistaions

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| **ATT**: Address Line 1Address Line 2Address Line 3POSTCODE**Invoice Date**: **Invoice No:**  |

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| **CONSULTANT INFORMATION** |
| **Title:** |  | **Surname:** |  | **First name(s):** |  |
| **Provider / professional no:**  | If you are recognised by the insurer, you will be issued with a provider number. Otherwise enter your professional number (GMC/HPC) | **Specialty:**  |  |
| **Telephone no:** |  | **Email:**  |  |
| **Billing address:**  | **Payment Details:** |
|  | **BACS Transfer:** [ ] **Account no: Sort code:** |
| **Cheque:** [ ]  |
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| PATIENT INFORMATION |
| Title: |  | Surname: |  | First name(s): |  |
| Paying Organisation:  |  | Policy no: (if applicable)  | This is the number issued to the patient by the insurer. |
| Patient Address: | D.O.B: |  |
|  | Authorisation no: (if available) |
| The pre-authorisation code obtained by you or the patient from the insurer |
| 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: |  |
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| TREATMENT DETAILS  |
| Location of treatment: | Should indicate when treatment was carried out. The admission and discharge dates are required for inpatient care |
| Diagnosis code / description: (if applicable) |  |
| TREATMENT CHARGES & FEES |
| Please include code and description of procedure where the treatment was procedural. |
| DATE OF TREATMENT | DESCRIPTION / PROCEDURES | TREATMENT SETTING | FEE  |
|  | Description of the service carried out and procedure information if the treatment was procedural. Procedure codes can be found on the CCSD website or the respective insurer website. | Whether the care is delivered as an inpatient, outpatient, day case, or consulting room. |  |
|  |  |  |  |
| TOTAL AMOUNT: | £0.00 |