



# Medical Charge Sheet

[YOUR COMPANY NAME] | [YOUR COMPANY ADDRESS]

Invoice Details	Bill To
Invoice Number: 12345	Name: Malcolm Raynor
Date of Issue: 2057-10-15	Billing Address: Jacksonville, FL 32099
Due Date: 2057-11-15	Contact Information: 222 555 7777

Description	Quantity	Unit Price	Total
Consultation Fee	1	\$100.00	\$100.00
Laboratory Tests	3	\$50.00	\$150.00

Subtotal:	\$250.00
Tax (10%):	\$25.00
Total Amount:	\$275.00

# Sample Telehealth Charge Sheet

**SA Dillow**



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