

# HEALTH INSURANCE INVOICE

## DETAILS

DATE: \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

## FROM

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## BILL TO

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DESCRIPTION	AMOUNT (\$)								
<b>NOTES:</b> _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; background-color: #cccccc; padding: 2px;"><b>SUBTOTAL</b></td> <td style="width: 30%;"></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;"><b>DISCOUNT</b></td> <td></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;"><b>TAX / VAT</b></td> <td></td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;"><b>TOTAL</b></td> <td></td> </tr> </table>	<b>SUBTOTAL</b>		<b>DISCOUNT</b>		<b>TAX / VAT</b>		<b>TOTAL</b>	
<b>SUBTOTAL</b>									
<b>DISCOUNT</b>									
<b>TAX / VAT</b>									
<b>TOTAL</b>									

THANK YOU FOR YOUR BUSINESS

