

Sprout & Smile

Pediatric Dentistry
123 Sunshine Lane, Suite A
Phone: (555) 123-4567 | Email: billing@sproutandsmile.com

INVOICE

PATIENT & GUARDIAN INFO

Patient Name:

Parent/Guardian:

Date of Birth:

Address:

INVOICE DETAILS

Invoice Number:

Invoice Date:

Due Date:

Insurance Provider:

DATE	ADA CODE	TOOTH NO.	SERVICE DESCRIPTION	TOTAL FEE	PATIENT RESP.

Total Charges: _____

Insurance Pending: _____

Payments/Credits: _____

Amount Due:

Authorized Signature

Parent/Guardian Signature

Thank you for letting us care for your child's beautiful smile!

Please note that payments are due at the time of service unless prior arrangements have been made.