

Compliance Regulatory Notice:

Services rendered under this invoice relate to professional consulting in healthcare compliance, which may include HIPAA privacy, security standards, OSHA regulations, OIG guidelines, or CMS conditions of participation. This documentation supports your compliance program recordkeeping requirements.

Subtotal: _____

Regulatory Fees/Surcharges: _____

Total Due:

PAYMENT INSTRUCTIONS & TERMS

Bank Wire Transfer / ACH:

Bank Name: _____

Routing Number: _____

Account Number: _____

Check Payments:

Make check payable to: _____

Mail payment to: _____

Payment Terms: _____