

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Client Name]
[Client Organization]
[Client Address]
[City, State, Zip Code]

Subject: Invoice for Monthly Screening and Assessment Services - [Month, Year]

Dear [Client Name],

Please find attached the invoice for screening and assessment services provided during the period of [Start Date] to [End Date].

The services rendered this month include:

- Initial Patient Screenings: [Quantity]
- Comprehensive Clinical Assessments: [Quantity]
- Follow-up Evaluations: [Quantity]
- Documentation and Reporting Fees

Invoice Summary:

Invoice Number: [Invoice #]
Total Amount Due: \$[Amount]
Due Date: [Date]

Please remit payment via [Payment Method: Bank Transfer/Check/Online Portal]. If you have any questions regarding the breakdown of these charges or the assessments performed, please contact our billing department.

Thank you for your continued partnership.

Sincerely,

[Your Name]
[Your Title]