

INVOICE

Date:

To: Insight EAP Program
7501 O St Suite 100
Lincoln, NE 68510
P:402-488-1032
F:402-477-0332

Client		Counselor	
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	Dates of Session	Rate	Balance
1			
2			
3			
4			
5			
		Total	

PAYMENT FOR SERVICES RENDERED:

Billing Invoices and Completed Documentation Received Will Be Paid as Follows:

Within 30 Days of Final Session = Full Payment

31-60 Days of Final Session = 25% Reduction

61-90 Days of Final Session = 50% Reduction

90+ Days of Final Session = Forfeiture of Payment

Office use only

Check #

Date Paid