**Sample Invoices: Fees for Drugs and Services**

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| **A: This invoice demonstrates documenting the category of the drug administered and documenting the name of the drug dispensed.** |
| Hospitalization ½ day | $## |
| Pre-anesthetic blood work | $## |
| IV fluids during anesthesia – LRS | $## |
| Surgical time per X minutes | $## |
| Anesthetic monitoring | $## |
| Sedation | $## |
| Pre-anesthetic agent\* | INCL |
| Anesthetic induction | $## |
| Anesthetic induction agent\* | INCL |
| Anesthetic maintenance  | $## |
| Anesthetic maintenance agent\* | INCL |
| Injection - subcutaneous | $## |
| Postoperative pain medication\* | INCL |
| Meloxicam oral medication | $## |
| Dispensing fee | INCL |
| **TOTAL** | **$Total Cost** |

\*Note that the name of the drug that was used must be documented elsewhere in the patient’s record.

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| **B: This invoice demonstrates documenting the name of the drug administered and the name of the drug dispensed.** |
| Hospitalization ½ day | $## |
| Pre-anesthetic blood work | $## |
| IV fluids during anesthesia– LRS | $## |
| Surgical time per X minutes | $## |
| Anesthetic monitoring | $## |
| Sedation | $## |
| Butorphanol/Acepromazine/Glycopyrrolate  | INCL |
| Anesthetic induction | $## |
| Propofol | INCL |
| Anesthetic maintenance | $## |
| Isoflurane gas anesthetic | INCL |
| Injection - subcutaneous | $## |
| Meloxicam injectable medication | INCL |
| Meloxicam oral medication | $## |
| Dispensing fee | INCL |
| **TOTAL** | **$Total Cost** |

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| **C: This invoice demonstrates documenting multiple services and drugs into one fee on the invoice with reference to a separate document that itemizes the fees. The client may ask for this itemized list. Additional items not included in the fee are added as appropriate, such as medication dispensed.** |
| Spay procedure – canineIncludes: hospitalization, pre-anesthetic blood work, IV fluids, anesthesia, and pain relief Itemized list of fees for drugs and services available on request (OR attached) | $## |
| Meloxicam oral medication | $## |
| Dispensing fee | INCL |
| **TOTAL** | **$Total Cost** |

When using Invoice C above, the practice has the following document that is kept at the practice for reference that they can attach to the invoice or the client may request:

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| **Itemized list of fees for services and drugs for Spay – Canine *(date)*** |
| Spay – surgical time per X minutes | $## |
| Hospitalization ½ day | $## |
| Pre-anesthetic blood work (includes blood collection and interpretation) | $## |
| IV fluids during anesthesia (type of fluids) | $## |
| Anesthetic monitoring | $## |
| Sedation  | $## |
| Pre-anesthetic agent\* | $## |
| Anesthetic induction  | $## |
| Induction agent\* | $## |
| Anesthetic maintenance  | $## |
| Anesthetic maintenance agent\* | $## |
| Pain relief injection  | $## |
| Pain medication\* | $## |
| **TOTAL** | **$Total Cost** |

\*Note that the name of the drug that was used must be documented elsewhere in the patient’s record.