

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

[Client's Name]
[Client's Address]
[City, State, Zip Code]

Dear [Client's Name],

****Subject: Billing for Lymphatic Drainage Massage Services****

I hope this message finds you well. Below is a summary of the billing for the lymphatic drainage massage services provided on [Date of Service].

****Service Details:****

- Service Type: Lymphatic Drainage Massage
- Session Duration: [Duration, e.g., 60 minutes]
- Date of Service: [Date]
- Therapist: [Therapist's Name]

****Billing Summary:****

- Cost of Session: \$[Amount]
- Additional Fees (if any): \$[Amount]
- Total Amount Due: \$[Total Amount]

Payment is due by [Due Date]. Please make payments to [Payment Instructions or Methods].

Thank you for choosing [Your Business Name] for your wellness needs. If you have any questions regarding this bill or your sessions, please do not hesitate to reach out.

Warm regards,

[Your Name]
[Your Position]
[Your Business Name]