

# Medical Receipt

**Provider:** ABC Health Clinic  
**Address:** 123 Wellness Street, Metro City, 98765  
**Phone:** (555) 123-4567

**Patient Name:** Jane Doe  
**Date of Visit:** 2024-06-14  
**Service Provided:** General Consultation  
**Amount Paid:** \$75.00  
**Payment Method:** Credit Card

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**Signature**

*Dr. Emily Carter, MD*

A **medical receipt sample** with a doctor's signature serves as an official document verifying medical services provided and payment received. It ensures transparency and authenticity for both patients and healthcare providers. This receipt is essential for insurance claims and medical record keeping.