

Medical Receipt for Dental Treatment

This **medical receipt sample** for dental treatment provides a clear and professional template to document patient details, treatment procedures, and payment information. It ensures accurate record-keeping and facilitates insurance claims or reimbursement processes. Use this receipt to maintain transparency and trust between dental care providers and patients.

Provider Information

Clinic Name	BrightSmile Dental Clinic
Provider Name	Dr. Jane Doe, DDS
Address	123 Healthy Street, Cityville, State, ZIP
Phone	(123) 456-7890

Patient Information

Patient Name	John Smith
Date of Birth	01/01/1980
Patient ID	PT-1001

Treatment Details

Date	Procedure	CPT Code	Amount
2024-06-20	Dental Cleaning	D1110	\$80.00
2024-06-20	Tooth Filling	D2330	\$120.00

Payment Information

Subtotal	\$200.00
Insurance Covered	\$100.00
Amount Paid	\$100.00
Payment Method	Credit Card

Thank you for trusting your dental care with us.

This receipt serves as an official record for insurance and reimbursement purposes.