

# 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.*