

# Medical Receipt

## Physical Therapy Clinic

123 Wellness Ave, Suite 400, Health City  
Phone: (123) 456-7890 | NPI: 1234567890

**Date:** 2024-06-25 **Receipt No:** PT-2024-0112  
**Patient Name:** Jane Doe **DOB:** 1990-07-15  
**Provider:** Dr. John Smith, PT, DPT **Patient ID:** PT89012

Date of Service	Description	CPT Code	Amount
2024-06-24	Initial Evaluation	97161	\$90.00
2024-06-24	Therapeutic Exercise (30 min)	97110	\$55.00
Total			\$145.00

**Payment Method:** Credit Card  
**Amount Paid:** \$145.00  
**Balance Due:** \$0.00

This medical receipt serves as proof of payment for the described physical therapy services.  
Please retain this receipt for your records and insurance claims.