

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.