# Medical Receipt Form (Sample for Insurance Reimbursement)

This medical receipt form sample provides a clear template for documenting healthcare expenses necessary for insurance reimbursement. It includes essential details such as patient information, treatment description, and payment proof. Using a standardized form helps streamline the reimbursement process and ensures accurate record-keeping.

## Patient Information

**Full Name:**

**Date of Birth:**

**Insurance Policy/ID #:**

## Provider/Clinic Information

**Provider/Clinic Name:**

**Address:**

**Phone Number:**

## Treatment & Service Details

**Date of Service:**

**Diagnosis/Reason:**

**Description of Treatment:**

## Payment Details

| Service Rendered | Amount Charged |
|---|---|
|  |  |
|  |  |
|  |  |
| **Total Paid** |  |

**Payment Method:**

**Proof of Payment:** Receipt No./Transaction ID

## Authorization

**Provider Signature:**

**Patient Signature:**

**Date Submitted:**