

# Medical Receipt

## For Overseas Medical Treatment Expenses

Date Issued: 2024-06-22

### Patient Information

Name	John Doe
Date of Birth	1990-05-15
Nationality	United States
Passport No.	A123456789

### Provider Information

Hospital/Clinic Name	International Medical Center
Address	123 Avenue de la SantÃ©, 75000 Paris, France
Contact	+33 1 23 45 67 89

### Treatment Details

Date of Treatment	2024-06-17
Diagnosis	Acute Gastroenteritis
Treating Physician	Dr. Marie Curie

### Service & Payment Breakdown

Service Description	Date	Amount (EUR)
Consultation Fee	2024-06-17	120.00
Laboratory Tests	2024-06-17	80.00
Medication	2024-06-17	50.00
<strong>Total Amount</strong>		<strong>250.00</strong>

### Payment Method

Method	Credit Card (VISA)
Date of Payment	2024-06-17
Receipt/Transaction No.	9876543210

This medical receipt documents the expenses incurred for overseas medical treatment, ensuring accurate record-keeping for insurance claims and reimbursement. Please retain this receipt for your records and submit to your insurer as required.

Authorized By: Dr. Marie Curie

Signature: \_\_\_\_\_

Date: 2024-06-22

