

Medical Receipt

Out-of-Network Provider

Provider Information:

Name: Dr. Jane Smith

Specialty: Internal Medicine

Address: 123 Main Street, Suite 400, Anytown, State ZIP

Phone: (555) 123-4567

NPI#: 1234567890

Patient Information:

Name: John Doe

Date of Birth: 01/15/1980

Patient ID/Chart #: 987654321

Service Details:

Date of Service	Description of Service	CPT Code	Provider Charge
2024-06-05	Office Visit, New Patient	99203	\$200.00
2024-06-05	Basic Metabolic Panel	80048	\$60.00

Payment Information:

Total Amount Charged: \$260.00

Amount Paid: \$260.00

Payment Method: Credit Card

Provider Signature:

Date: 2024-06-05

Note: This receipt serves as documentation of medical services provided and payment received for out-of-network reimbursement purposes.