

# 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:**

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Date: 2024-06-05

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