

## International Medical Receipt

**Provider:** Global Care Medical Center  
**Address:** 45 World Avenue, Berlin, Germany  
**Phone:** +49 30 1234567  
**Date of Visit:** 2024-06-14  
**Receipt No:** 2024-98765

### Patient Information

**Name:** Alice Traveler  
**Date of Birth:** 1990-03-21  
**Passport No:** X12345678

### Description of Services

Service / Item	Date	Amount (EUR)
General Consultation	2024-06-14	80.00
Prescription Medication	2024-06-14	25.00
Diagnostic Test (COVID-19 PCR)	2024-06-14	60.00
TOTAL		165.00

### Payment Method

Credit Card (Visa) - Transaction ID: 87563421

**Notice:** This medical receipt is provided for customs clearance, travel insurance claims, and international health compliance. Retain this original document for your records and any reimbursement processes.

Authorized by: **Dr. Julia Schmidt** — (Signature)