Medical Receipt

Provider Information:
Clinic/Hospital Name: Healthy Life Clinic
Address: 123 Wellness Ave, Cityville, ST 34567
Phone: (123) 456-7890
Patient Information:
Patient Name: John Doe
Date of Birth: 03/15/1985
Patient ID: 298765
Service Details:

Date of Service	Description	Cost (USD)
06/10/2024	Consultation	$90.00
06/10/2024	Blood Test	$55.00
06/10/2024	X-Ray	$110.00

Total Amount Paid: $255.00

Payment Method: Credit Card
Received By: Jane Smith, Billing Officer

This receipt is provided as documentation for medical expenses. Please retain for your records and tax reporting purposes.