

Medical Receipt

Provider Name: Sunshine Medical Clinic

Address: 456 Wellness St., Healthy City, State 12345

Phone: (555) 123-4567

Patient Name: John Doe

Date of Visit: 2024-06-26

Receipt #: MC-20240626-1001

Description of Service	Qty	Unit Price	Amount
Consultation Fee	1	\$80.00	\$80.00
Blood Test Panel	1	\$45.00	\$45.00
X-Ray (Chest)	1	\$110.00	\$110.00
Medication: Antibiotics	1	\$35.00	\$35.00
Follow-up Appointment (Scheduling Fee)	1	\$20.00	\$20.00
Total			\$290.00

Payment Method: Credit Card

Thank you for your visit. Please retain this receipt for insurance claims and personal records.