

# 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.