

Medical Receipt

Provider Name: Green Valley Medical Clinic

Provider Address: 123 Wellness Ave, Healthy City, ST 12345

Patient Information

Patient Name	Date of Birth	Patient ID
Jane Doe	1990-01-15	GV1234567

Receipt Details

Date of Service	Description	CPT Code	Cost
2024-06-30	Office Consultation	99213	\$120.00
2024-06-30	Blood Test	80050	\$60.00

Payment Method	Date Paid	Amount Paid
Credit Card	2024-06-30	\$180.00

Total Amount: \$180.00

Notes: This receipt is issued for insurance reimbursement purposes and includes all relevant patient, treatment, and payment details necessary for claim processing.

Signature: _____

Date: 2024-06-30