

## Medical Receipt Telemedicine Services

**Receipt No.:** TM-2024-00125  
**Date:** 2024-06-13  
**Patient Name:** Jane Doe  
**Patient ID:** JD24567  
**Consulting Physician:** Dr. John Smith, MD  
**Service Description:** Telemedicine Consultation – 30 min video call  
**Payment Method:** Credit Card (VISA)  
**Amount Paid:** \$80.00

**Notes:**

This receipt confirms payment for telemedicine consultation on the above date. Please retain for your records and insurance claims.

Thank you for choosing our telemedicine services.  
ABC Telehealth Clinic, 123 Main Street, City, State 12345, (555) 123-4567