

Medical Payment Receipt

Facility: Example Medical Clinic
123 Health Street, New York, NY 10001
Phone: +1-555-123-4567

Patient Name: Jane Smith
Patient ID: PAT-67890
Receipt Number: REC-000202
Date: 2026-01-27

| Code | Description | Date | Qty | Unit Price | Total |
|---------|-------------------------|------------|-----|------------|----------|
| LAB101 | Blood Test | 2026-01-27 | 1 | \$80.00 | \$80.00 |
| CONS002 | Specialist Consultation | 2026-01-27 | 1 | \$150.00 | \$150.00 |

Subtotal: \$230.00

Tax: \$11.50

Total: \$241.50

Paid: \$200.00

Balance: \$41.50

Balance due within 30 days.