

Patient Receipt

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

Patient Name: John Doe
Patient ID: PAT-12345
Receipt Number: REC-000001
Receipt Date: 2026-01-28

| Service Code | Description | Date | Qty | Unit Price | Total |
|--------------|----------------------|------------|-----|------------|----------|
| CONS001 | General Consultation | 2026-01-28 | 1 | \$100.00 | \$100.00 |

Total Amount: \$100.00
Amount Paid: \$100.00
Balance Due: \$0.00

Thank you for your visit. Please keep this receipt for your records.