

Healthcare Receipt

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

Patient Name: Michael Brown
Patient ID: PAT-54321
Insurance: ABC Health Insurance
Receipt Number: REC-000303
Date: 2026-01-26

Code	Description	Date	Qty	Unit Price	Total
IMG201	X-Ray Imaging	2026-01-26	1	\$250.00	\$250.00

Total: \$250.00
Insurance Paid: \$200.00
Patient Responsibility: \$50.00

Insurance claim processed.