

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.