

SAMPLE MEDICAL BILL RECEIPT

Receipt Number: 1000034821
Date: 1/10/2022

Name of Medical Institution: ChildCare Hospital
Practitioner Name: Dr. Doo Little
License Number: PA-12345-21
Address: 1000 Help Way
City/State/ZIP: Long Beach, CA 90819

Patient Information:

Name: Stewy Doe
Street Address: 123 Ocean Blvd.
City/State/ZIP: Long Beach, CA 90812

Code	Description of Services/Medicine/Products	Qty	Rate	Line Total (\$)
315	Full Physical Exam	1	\$150	\$150
322	Flu Shot	1	\$100	\$100

Subtotal: \$250
Tax Rate (7.5%): \$18.13
Total: \$268.13
Amount Paid: \$268.13

Payment Method: MasterCard
Card/Check No.: 1222-2333-3444

