



Sample Healthcare Practice
125 Main Street
Lawrenceville, KY 00135-1111
333-555-0020

Payment Receipt

DATE
8/1/2008

TO:
Mary E Simpson 2431 Baxton Way Bloomfield, MA 03017

PAYMENT METHOD	CHECK NUMBER
Cash	

DATE(S) OF SERVICE	PROCEDURES, SERVICES, OR SUPPLIES	CHARGE	APPLIED
8/1/2008	99123 Office Visit	\$35.00	\$15.00
Amount Received			\$15.00