Payment receipt

RECEIPT DETAILS

Issue this receipt after the money has been received. Enter one line per item or service paid for, then check the totals against your practice management system.

Practice name: _____ Receipt number: _____

Practice address, phone, email and tax ID

Received from - name: _____ Patient or account reference: _____

Received from - address

Date paid: _____ dd / mm / yyyy Payment method: _____ cash / card / transfer

ITEMS AND SERVICES PAID FOR

DATE	DESCRIPTION	CODE	QTY	UNIT PRICE	AMOUNT

TOTALS AND AMOUNT RECEIVED

Subtotal: _____ Total: _____

Discount: _____ Amount received: _____

Tax: _____ Balance remaining: _____

☐ Paid in full ☐ Part payment

REFERENCE AND ACKNOWLEDGEMENT

Original invoice number: _____ if one was issued Received by (staff name): _____

Staff signature: _____ Date issued: _____ dd / mm / yyyy

Notes

> This document confirms that the amount shown above was received on the date paid. It is not a request for payment. Give one copy to the patient and keep one for your practice records.