

# Physiotherapy Services Receipt

**Receipt No.:**

PT-2024/0051

**Date of Issue:**

2024-06-18

## Provider Details

**Clinic Name:**

ABC Physiotherapy Center

**Address:**

123 Main Street, City, State, ZIP

**Contact:**

Phone: (123) 456-7890 | Email: info@abcphysio.com

**GST/Tax ID:**

27ABCDE1234F1Z9

## Patient Details

**Patient Name:**

John Doe

**Patient ID:**

PT-0068

**Contact:**

john.doe@email.com

## Service Details

Date	Description	Quantity	Unit Price	Total
2024-06-15	Physiotherapy Session	1	₹1800	₹1800
2024-06-17	Electrotherapy	1	₹1500	₹1500

**Subtotal:**

₹1,300

**Tax (5%):**

₹65

**Total Amount Received:**

₹1,365

**Payment Method:**

Cash

**Authorized Signature:**

## Important Notes

- This receipt serves as legal proof of payment for physiotherapy services received.
- Keep this document for insurance claims, reimbursements, and future reference.
- Please verify all details; report discrepancies to the clinic within 7 days.
- Services and amounts are subject to applicable local taxes and regulations.

