

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	â,1800	â,1800
2024-06-17	Electrotherapy	1	â,1500	â,1500

Subtotal:

â,11,300

Tax (5%):

â,165

Total Amount Received:

â,11,365

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.

