

Medical Expense Tax Receipt

For Income Tax Purposes

Patient/Claimant Information

Full Name	John Doe
Date of Birth	1984-07-18
Patient Address	123 Wellness Avenue, City, Province, Postal Code
Receipt No.	ME-2024-5681
Date of Issue	2024-06-22

Provider Information

Provider Name	Healthy Care Clinic
Medical Practitioner	Dr. Emily Carter, MD
Provider Address	450 Medical Plaza, City, Province, Postal Code
Phone	(555) 123-4567

Details of Medical Services

Description	Date	Amount
General Consultation	2024-05-02	\$85.00
Blood Test	2024-05-03	\$45.00
X-Ray Imaging	2024-05-03	\$120.00
Total Amount Paid		\$250.00

Authorized Signature
Date: 2024-06-22

Important Notes

- This receipt is issued solely for medical expense income tax claims under applicable law.
- Please retain the original receipt for your tax records; duplicate copies may not be accepted by tax authorities.
- Only eligible medical services and amounts paid by the individual are shown on this receipt.
- If services are reimbursed by insurance or other means, only the non-reimbursed portion is claimable.
- Consult current tax legislation or a professional advisor for claim eligibility and allowed amounts.