



DATE	FAMILY MEMBER	DESCRIPTION	CHARGES	PAYMENT	ADJ.	CURRENT BALANCE	PREVIOUS BALANCE	NAME
				CREDITS				

This is your RECEIPT for this amount  $\uparrow$   
 This is a STATEMENT of your account to date  $\uparrow$

**TOTAL HEALTH CLINIC**

123 RECEIPT WAY  
 HOME TOWN, U.S.A. 12345  
 555-123-4567

DIAGNOSIS:

CIC - COMPLETE INITIAL CONSULTATION  
 CON - CONSULTATION  
 ET - EMERGENCY TREATMENT

HV - HOSPITAL VISIT  
 OS - OFFICE SURGERY  
 NC - NO CHARGE  
 OV - OFFICE VISIT

POV - PRE-OP/POST-OP VISIT  
 PR - PREPARATION REPORT  
 SUR - SURGERY - HOSPITAL  
 OP - OFFICE PROCEDURE

CODES:

0001

Please present this slip to receptionist before leaving office.

SERVICES RENDERED

OFFICE VISIT	
OFFICE SURGERY	
CONSULTATION	
NO CHARGE	
COMPLETE INITIAL CONSULTATION	
OFFICE PROCEDURE	
POST-OP CARE/DRESSING	
TOTAL	

DISPOSITION:

0001