Receipt Checklist

- ☐ **Patient Name**

- ☐ **Date** *(receipt and service date, if differ)*

- ☐ **Invoice/Receipt Number**

- ☐ **Type of Service/Supply Provided**

- ☐ **Length of Treatment** *(if services billed on time basis)*

- ☐ **Charge Amount**

- ☐ **Method of Payment**

- ☐ **Provider Name**

- ☐ **Provider Professional Identification** *(College License Number)*

- ☐ **Provider Address**

- ☐ **Provider Phone Number**

- ☐ **Note if receipt is a duplicate**