

Receipt for Payment

Date _____

Professional Services for: _____

Services Provided by: _____

MA Lic. # _____, NPI # _____

Diagnosis Code: _____

Date (s) of Service	Payment Received	Procedure Code/CPT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Thank you,

Signature