**Add logo here****Daily Patient Payments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | **/** |  | **/** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient name/MRN** | **Type of payment** | **Payment method** | **Amount paid** | **Staff initials** |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |
|  | Copay  Patient Balance  Deposit | Cash  Card  Check  Other | $ |  |

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