

CMS-1500 HEALTH INSURANCE CLAIM FORM EXAMPLE

PATIENT INFORMATION

Name:	Mazen
DOB:	22/2/2000
Gender:	Male
Address:	N/A
Phone:	N/A
Age:	22

INSURANCE INFORMATION

Provider:	Metlif
Policy #:	AS12
Group #:	N/A

CLINICAL INFORMATION

Place of service:	Hospital
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DIAGNOSIS CODES (ICD-10)

Code	Description
R040	Epistaxis
M24452	Recurrent dislocation, left hip
N950	Postmenopausal bleeding
M24351	Pathological dislocation of right hip, NEC

PROCEDURE CODES (CPT-4)

Code	Description
27095	Injection for hip x-ray
82800	Blood pH
70470	Ct head/brain w/o & w/dye

This is a computer-generated form created by AI Medical Coding Assistant.

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