

MEDICAL INSURANCE CLAIM FORM

(FLAGGED FOR FRAUD REVIEW)

Claim Information

Claim Number: CLM-2024-999888
Date of Service: December 18, 2024
Date Filed: December 18, 2024 (Same-day filing)
Policy Number: POL-2024-556677
Patient Name: Robert Martinez
Patient ID: PAT-67890

Provider Information

Provider Name: Dr. James Wilson
Facility: Sunshine Medical Center
Provider ID: PRV-11223

Diagnosis

ICD-10: M54.5 – Minor back pain

Services Provided (Itemized Charges)

Service	Code	Details	Amount (USD)
Office Visit – Level 5	CPT 99215	High complexity visit	\$450.00
Complex Surgical Procedure	CPT 45378	Colonoscopy	\$3,500.00
Extended Hospital Stay	N/A	3 inpatient days	\$9,000.00
MRI Scan	CPT 70553	3 scans billed same day	\$4,500.00
Physical Therapy	N/A	20 sessions in 2 days	\$2,000.00
Duplicate Office Visit	CPT 99215	Duplicate billing	\$450.00

Total Amount Billed: **\$19,900.00**

Identified Red Flags

- Claim filed on same day as service
- Services inconsistent with diagnosis
- Impossible service quantity
- Duplicate billing detected
- Charges significantly above norms
- Provider associated with prior billing issues

Status: **Pending Fraud Investigation**