

# MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-008756

Claim Submission Date: December 20, 2024

Policy Number: POL-HI-445678

Patient Name: Sarah Johnson

Provider: City General Hospital

Diagnosis: Appendicitis (ICD-10: K35.80)

Procedure: Appendectomy (CPT 44970)

Service	Amount (USD)
Emergency Room Visit	\$850
Surgeon Fee	\$3,200
Anesthesia	\$1,150
Operating Room	\$4,500
Laboratory Tests	\$420
Medications	\$180
Recovery Room	\$890
Total Billed	\$11,190
Insurance Paid	\$8,152
Patient Responsibility	\$3,038