

# MEDICAL INSURANCE CLAIM FORM

Claim ID: SYN\_session\_  
Form Type: Synthetic Form  
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PATIENT INFORMATION

Patient Name: Aarav Mehta  
Policy Number: POL IN 987654  
Date of Birth: N/A  
Contact Number: N/A  
Email: N/A

INSURANCE INFORMATION

Insurance Company: CareShield Health Insurance Co.  
Coverage Amount: █1000000  
Deductible: █N/A  
Copoly Percentage: N/A%

MEDICAL INFORMATION

Hospital/Facility: Springfield General Hospital  
Doctor Name:  
Service Date: September 15, 2025  
Admission Date: September 15, 2025  
Discharge Date:  
Total Amount: █845181.75  
Diagnosis:  
Room Type:

PROCEDURES/TREATMENTS

1. Critical Care - First Hour
2. Critical Care - Additional 30min blocks
3. Arterial Puncture for Blood Gas
4. Chest X Ray (2 views)
5. Comprehensive Metabolic Panel
6. Complete Blood Count with Differential
7. Prothrombin Time (PT/INR)
8. Partial Thromboplastin Time (PTT)
9. Creatinine, Blood
10. Uric Acid
11. Glucose, Blood
12. Sodium, Blood
13. Potassium, Blood
14. Chloride, Blood
15. CT Chest with Contrast
16. CT Abdomen/Pelvis with Contrast
17. Echocardiogram Complete
18. Abdominal Ultrasound Complete
19. Chest X Ray Single View
20. Continuous Positive Airway Pressure
21. Emergency Intubation
22. Ventilation Management per day
23. Aerosol/Vapor Inhalation Treatment
24. ICU Semi-Private Room
25. ICU Private Room
26. Hospital Visit - Intermediate
27. Private Room with Attendant
28. Thoracentesis with Imaging
29. Central Venous Catheter Insertion
30. Upper GI Endoscopy Diagnostic
31. ICU Nursing Care (24/7)
32. General Ward Nursing
33. Care Plan Oversight - Complex
34. Injectable Antibiotics (Meropenem)
35. Methylprednisolone 500mg
36. Bronchodilator Medications
37. Pain Management Medications
38. Respiratory Support Supplies
39. IV Fluids & Administration Sets
40. Surgical Supplies & Disposables
41. Pulmonology Consultation
42. Nephrology Consultation
43. Critical Care Consultation
44. Cardiology Consultation
45. Hospital Administration
46. Bio-Medical Waste Disposal
47. Medical Record Processing

## BANK DETAILS

**Account Holder Name:** Aarav Mehta

**Account Number:**

**IFSC Code:**

**Bank Name:**

## **SIGNATURE**

Patient/Policy Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_