

HEALTH INSURANCE CLAIM FORM

PATIENT INFORMATION

Name: John Doe
Date of Birth: 05/15/1980
Patient ID: P-1001
Gender: Male
Address: 123 Main Street, Anytown, CA 12345
Phone: (555) 123-4567
Email: john.doe@example.com

INSURANCE INFORMATION

Insurance Provider: HealthPlus Insurance
Policy Number: HP-987654321
Group Number: HPG-12345
Policy Holder: John Doe
Relationship to Patient: Self

CLAIM DETAILS

Claim Number: HC-2023-1234
Date of Service: January 30, 2023
Type of Service: Outpatient Consultation and Diagnostic Tests
Diagnosis: Hypertension I10 and Type 2 Diabetes E11.9

SERVICES PROVIDED

- Office Visit - Established Patient, Level 3 CPT: 99213
- Comprehensive Metabolic Panel CPT: 80053
- Hemoglobin A1c Test CPT: 83036
- Lipid Panel CPT: 80061

FINANCIAL INFORMATION

Total Charges: \$425.00
Insurance Responsibility: \$340.00
Patient Responsibility: \$85.00
Payment Status: Pending Insurance Processing

PROVIDER INFORMATION

Provider Name: Dr. Emily Rodriguez, MD
NPI Number: 1234567890
Medical Center: Cityview Medical Center
Tax ID: 12-3456789

*I certify that the statements on this form are accurate and complete to the best of my knowledge.
I authorize the release of any medical information necessary to process this claim.*

*Electronically signed by: Dr. Emily Rodriguez
Date: January 30, 2023*