

Policy Number: HICP123456789

Policyholder Information:

- **Name:** John Doe
- **Address:** 123 Main Street, Anytown, USA

Claim Details:

- **Name of patient:** Jack Doe
- **Date of Treatment/Hospitalization:** March 29, 2024
- **Nature of Illness/Injury:** Appendicitis
- **Name and Address of Healthcare Provider/Hospital:** General Hospital, 456 Oak Avenue, Anytown, USA (within network)
- **Treatment Received:** Appendectomy
- **Total Amount Incurred:**

Room charges: \$600 per day x 4 days = \$2400

Prescription: \$200 per prescription x 3 prescriptions = \$600

Surgery : \$8,000

Ambulance: \$1400 per trips x 2 trips = \$2800

Total amount = \$13,800

Claim Documentation Checklist:

- Original Medical Bills
- Prescriptions
- Diagnostic Reports
- Doctor's Statement
- Any Other Relevant Documents

Declaration: I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentation may result in the denial of my claim.

Signature: John Doe

Date: April 24, 2024

Prescription:

Jack Doe, 14, has been diagnosed with Appendicitis. As per the diagnosis, appendectomy surgery is needed on urgent basis.

Dr. Mark Robert

Hospital Bill:

INVOICE

INV-042401

Bill To:
John Doe

Date: Apr 1, 2024

Balance Due: \$11,700.00

Item	Quantity	Rate	Amount
Bed per day	4	\$400.00	\$1,600.00
Prescribed medicines	1	\$200.00	\$200.00
Prescribed medicines	1	\$250.00	\$250.00
Prescribed medicines	1	\$150.00	\$150.00
Surgery	1	\$7,500.00	\$7,500.00
Ambulance	2	\$1,000.00	\$2,000.00

Total: \$11,700.00