

[company name] Insurance Claim Forms

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Instructions

This document contains insurance claim forms (CMS-1500 format) for patient services. All information is protected under HIPAA regulations and is intended for authorized billing staff and insurance providers only.

Patient ID: 1001 - John A. Smith

Date of Birth: 03/15/1975

Insurance: Blue Cross Blue Shield, Policy BCIL789456123

Claim Number: CLM-1001-001

Service Date: 07/20/2025

Provider: Dr. Alice Thompson, [company name], 123 Main Street, Anytown, IL 12345

CPT Code	Description	ICD-10 Code	Date	Charge
99213	Office Visit, Established Patient	E11.9	07/20/2025	\$150.00
83036	Hemoglobin A1C Test	E11.9	07/20/2025	\$75.00

Total Charge: \$225.00

Submitted to: Blue Cross Blue Shield, 300 E Randolph St, Chicago, IL 60601

Patient ID: 1002 - Emily R. Johnson

Date of Birth: 11/22/1983

Insurance: Aetna, Policy AETIL456789123

Claim Number: CLValidityM-1002-001

Service Date: 06/15/2025

Provider: Dr. Robert Lee, [company name], 123 Main Street, Anytown, IL 12345

CPT Code	Description	ICD-10 Code	Date	Charge
99213	Office Visit, Established Patient	I10	06/15/2025	\$120.00
93798	Blood Pressure Monitoring	I10	06/15/2025	\$50.00

Total Charge: \$170.00

Submitted to: Aetna, 151 Farmington Ave, Hartford, CT 06156

Patient ID: 1003 - Michael T. Brown

Date of Birth: 09/10/1965

Insurance: UnitedHealthcare, Policy UHCIL123456789

Claim Number: CLM-1003-001

Service Date: 07/01/2025

Provider: Dr. Susan Carter, [company name], 123 Main Street, Anytown, IL 12345

CPT Code	Description	ICD-10 Code	Date	Charge
99213	Office Visit, Established Patient	J45.909	07/01/2025	\$130.00
94060	Spirometry Test	J45.909	07/01/2025	\$100.00

Total Charge: \$230.00

Submitted to: UnitedHealthcare, 9900 Bren Rd E, Minnetonka, MN 55343

Patient ID: 1004 - Sarah L. Davis

Date of Birth: 04/30/1990

Insurance: Cigna, Policy CIGIL987654321

Claim Number: CLM-1004-001

Service Date: 07/25/2025

Provider: Dr. James Patel, [company name], 123 Main Street, Anytown, IL 12345

CPT Code	Description	ICD-10 Code	Date	Charge
99213	Office Visit, Established Patient	G43.909	07/25/2025	\$140.00
99244	Neurological Evaluation	G43.909	07/25/2025	\$200.00

Total Charge: \$340.00

Submitted to: Cigna, 900 Cottage Grove Rd, Bloomfield, CT 06002

Patient ID: 1005 - David K. Wilson

Date of Birth: 01/12/1958

Insurance: Medicare, Policy MEDIL456123789

Claim Number: CLM-1005-001

Service Date: 06/30/2025

Provider: Dr. Linda Martinez, [company name], 123 Main Street, Anytown, IL 12345

CPT Code	Description	ICD-10 Code	Date	Charge
99213	Office Visit, Established Patient	I25.10	06/30/2025	\$160.00
93000	Electrocardiogram (ECG)	I25.10	06/30/2025	\$120.00

Total Charge: \$280.00

Submitted to: Medicare, 7500 Security Blvd, Baltimore, MD 21244

[company name] | 123 Main Street, Anytown, IL 12345 | Phone: (555) 123-4567