

HEALTH INSURANCE CLAIM FORM

PATIENT INFORMATION

Name: Patricia Brown

DOB: 1957-08-17 | Gender: M

Member ID: MEM970318

Date of Service: 2026-01-09

Provider: Dr. Provider 1

Facility: Springfield Medical Center

Diagnosis Codes: M79.3

Procedure Codes: 99213

Total Charge: \$976.27

Insurance Paid: \$1677.06