

HEALTH INSURANCE CLAIM FORM

PATIENT INFORMATION

Name: Patricia Brown
DOB: 1956-02-15 | Gender: F
Member ID: MEM843647
Date of Service: 2025-12-18
Provider: Dr. Provider 3
Facility: Springfield Medical Center

Diagnosis Codes: I10
Procedure Codes: 80053, 71020

Total Charge: \$629.54
Insurance Paid: \$840.43