

# HEALTH INSURANCE CLAIM FORM

## PATIENT INFORMATION

Name: Robert Davis

DOB: 1991-10-22 | Gender: F

Member ID: MEM362341

Date of Service: 2025-12-24

Provider: Dr. Provider 4

Facility: Springfield Medical Center

Diagnosis Codes: E11.9, M79.3

Procedure Codes: 99214

Total Charge: \$1736.16

Insurance Paid: \$1100.09