

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