

HEALTH INSURANCE CLAIM FORM

PATIENT INFORMATION

Name: Michael Wilson
DOB: 1997-11-02 | Gender: M
Member ID: MEM143133
Date of Service: 2025-12-30
Provider: Dr. Provider 4
Facility: Springfield Medical Center

Diagnosis Codes: M54.5, M79.3
Procedure Codes: 99214

Total Charge: \$1480.72
Insurance Paid: \$1316.83