

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