

HEALTH INSURANCE CLAIM FORM

PATIENT INFORMATION

Name: Patricia Brown
DOB: 1957-08-17 | Gender: M
Member ID: MEM970318
Date of Service: 2026-01-09
Provider: Dr. Provider 1
Facility: Springfield Medical Center

Diagnosis Codes: M79.3
Procedure Codes: 99213

Total Charge: \$976.27
Insurance Paid: \$1677.06