

HEALTH INSURANCE CLAIM FORM

PATIENT INFORMATION

Name: Mary Johnson
DOB: 1982-06-26 | Gender: F
Member ID: MEM455975
Date of Service: 2026-01-06
Provider: Dr. Provider 2
Facility: Springfield Medical Center

Diagnosis Codes: M54.5
Procedure Codes: 71020, 99213

Total Charge: \$510.1
Insurance Paid: \$299.19