

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