

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