

Claim Receipt

Date Received: 2024-02-29 Time Received: 10:15 AM

Claimant Information:

Name: Alice M. Smith Member ID/Policy Number: ABC1234567 Date of Birth: 1988-07-12

Provider Information (If Applicable):

Provider Name: Family Practice Clinic Provider NPI/Tax ID: 987654321

Claim Details:

Date(s) of Service: 2024-02-27 Service Description (Brief): Doctor's Visit Claim Reference Number: CLM-20240229-001

Important Information:

This receipt confirms that your claim has been received. It is not a guarantee of coverage or payment. Please keep this receipt for your records. You will be notified of the claim status after review. If you have any questions regarding your claim please contact customer service with your Claim Reference Number

Contact Information:

Customer Service Phone Number: 555-123-4567 Email Address: claims@exampleinsurance.com Website: www.exampleinsurance.com