

HEALTH INSURANCE CLAIM FORM

Claim ID: CLM-2024-HOSP-7723
Date of Submission: February 12, 2024

POLICYHOLDER INFORMATION

Name: Emily Thompson
Policy Number: POL-2024-34567
Date of Birth: November 15, 1990
Phone: (555) 345-6789
Email: emily.thompson@email.com

CLAIM DETAILS

Type of Claim: Hospitalization for Pneumonia
Policy Type: Health
Admission Date: February 1, 2024, 2:15 PM
Discharge Date: February 6, 2024, 11:00 AM
Total Length of Stay: 5 days

ADMISSION DETAILS

I was admitted to University Medical Center through the Emergency Department on February 1, 2024, with a diagnosis of community-acquired pneumonia. I had been experiencing high fever (103.2°F), productive cough with green sputum, shortness of breath, and chest pain for 3 days prior to admission.

ATTENDING PHYSICIAN

Primary: Dr. Amanda Foster, MD (Internal Medicine)
Consulting: Dr. Richard Lee, MD (Pulmonology)

TREATMENT PROVIDED

Day 1-2 (ICU):

- Admitted to Intensive Care Unit due to low oxygen saturation (88% on room air)
- Oxygen therapy via nasal cannula at 4L/min
- IV antibiotics: Ceftriaxone 1g every 12 hours, Azithromycin 500mg daily
- IV fluids for dehydration
- Continuous pulse oximetry monitoring

Day 3-5 (General Medical Ward):

- Transferred to general floor as condition improved
- Continued IV antibiotics
- Breathing treatments (Albuterol nebulizer) every 4 hours
- Chest physiotherapy twice daily
- Daily chest X-rays to monitor progress

DIAGNOSTIC TESTS PERFORMED

- Chest X-ray (admission, daily x 5)
- CT scan of chest
- Complete Blood Count (daily)
- Comprehensive Metabolic Panel
- Blood cultures (2 sets)
- Sputum culture and sensitivity
- Arterial blood gas analysis

MEDICATIONS ADMINISTERED

- Ceftriaxone 1g IV twice daily
- Azithromycin 500mg IV daily
- Albuterol nebulizer treatments
- Acetaminophen for fever
- Guaifenesin for cough

DISCHARGE CONDITION

Oxygen saturation improved to 95% on room air. Fever resolved. Cough significantly improved. Discharged with 7-day course of oral antibiotics (Levofloxacin 750mg daily) and follow-up appointment scheduled.

CLAIM AMOUNT BREAKDOWN

Total Claim Amount: \$32,450.00

Room and Board:

- ICU (2 days @ \$2,500/day): \$5,000.00
- Semi-private room (3 days @ \$750/day): \$2,250.00

Medical Services:

- Physician daily visits (5 days @ \$350/day): \$1,750.00
- Pulmonology consultation: \$450.00
- Nursing care: \$3,200.00

Diagnostic Imaging:

- Chest X-rays (6 total): \$1,800.00
- CT scan chest with contrast: \$2,400.00

Laboratory Services:

- Blood tests (multiple panels): \$1,850.00
- Cultures and sensitivity: \$650.00
- Blood gas analysis: \$400.00

Medications and Treatments:

- IV antibiotics (5 days): \$2,100.00
- Respiratory treatments: \$1,200.00
- IV fluids and supplies: \$950.00

Therapy Services:

- Respiratory therapy: \$1,800.00
- Chest physiotherapy: \$900.00

Emergency Department:

- Initial ED evaluation and treatment: \$3,250.00

Pharmacy (Discharge):

- Discharge medications: \$350.00

Medical Supplies: \$2,300.00

SUPPORTING DOCUMENTS ATTACHED

- Hospital admission record
- Daily progress notes (5 days)
- Discharge summary
- Complete itemized hospital bill
- Radiology reports (all imaging)

- Laboratory results (all tests)
- Medication administration records
- Discharge prescriptions

FOLLOW-UP CARE

Follow-up appointment scheduled with Dr. Foster on February 15, 2024

Repeat chest X-ray scheduled for February 20, 2024

I certify that all information provided is accurate and complete.

Patient Signature: Emily Thompson

Date: February 12, 2024

HOSPITAL INFORMATION

University Medical Center

3000 University Drive

Metropolitan City, MC 34567

Phone: (555) 100-2000

Tax ID: 76-5432109

NPI: 9876543210