

HEALTH INSURANCE CLAIM FORM

Claim ID: CLM-2024-ER-8834  
Date of Submission: January 15, 2024

POLICYHOLDER INFORMATION

Name: Sarah Johnson  
Policy Number: POL-2024-15678  
Date of Birth: March 22, 1985  
Phone: (555) 234-9876  
Email: sarah.johnson@email.com

CLAIM DETAILS

Type of Claim: Emergency Room Visit  
Policy Type: Health  
Date of Service: January 10, 2024  
Time of Service: 11:45 PM

INCIDENT DESCRIPTION

I experienced severe abdominal pain and vomiting that started around 10:30 PM on January 10, 2024. The pain was sharp and localized in the lower right abdomen. After the pain intensified and I developed a fever of 101.5°F, my husband drove me to St. Mary's Regional Hospital Emergency Room.

TREATMENT RECEIVED

Upon arrival at the ER, I was immediately triaged and seen by Dr. Michael Chen. The following services were provided:

1. Initial examination and vital signs check
2. Blood tests (Complete Blood Count, Metabolic Panel)
3. Urinalysis to rule out urinary tract infection
4. CT scan of abdomen and pelvis
5. IV fluids and anti-nausea medication (Zofran)
6. Pain management (Morphine 4mg IV)

DIAGNOSIS

Acute appendicitis was diagnosed based on clinical presentation, elevated white blood cell count (15,200), and CT scan findings showing inflamed appendix with surrounding fluid.

DISPOSITION

Dr. Chen consulted with the on-call surgeon, Dr. Patricia Rodriguez. I was admitted to the hospital at 3:20 AM on January 11, 2024, for emergency appendectomy. Surgery was performed at 6:00 AM the same morning.

CLAIM AMOUNT

- Emergency Room Services: \$4,250.00
- ER Physician Fee: \$850.00
  - Facility Fee: \$2,100.00
  - CT Scan: \$900.00
  - Laboratory Tests: \$250.00
  - Medications: \$150.00

SUPPORTING DOCUMENTS ATTACHED

- Emergency Room Discharge Summary
- Itemized Bill from St. Mary's Regional Hospital

- CT Scan Report
- Laboratory Results
- Physician's Notes

I certify that the above information is true and accurate to the best of my knowledge.

Signature: Sarah Johnson

Date: January 15, 2024

#### HOSPITAL INFORMATION

St. Mary's Regional Hospital

1500 Medical Center Drive

Healthcare City, HC 12345

Phone: (555) 789-0000

Tax ID: 98-7654321