

# 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