

HEALTHCARE CLAIM FORM – OUTPATIENT VISIT

Patient & Member Info

Claim ID: CLM-2025-0001

Member ID: M123456789

Patient Name: John Doe

Date of Birth: 05/10/1985

Provider Info

Provider Name: BrightCare Family Clinic

Provider NPI: 1234567890

Tax ID: 12-3456789

Service Details

Service Date From: 01/10/2025

Service Date To: 01/10/2025

Charges

Total Charge Amount: 165.00

Payment Method: Insurance

Notes: Office visit with rapid strep test

| Line | CPT/HCPCS Code | ICD-10 Code | Units | Line Amount |
|------|----------------|-------------|-------|-------------|
| 1 | 99213 | J01.90 | 1 | 120.00 |
| 2 | 87880 | J01.90 | 1 | 45.00 |