

HEALTHCARE CLAIM FORM – EMERGENCY VISIT

Patient & Member Info

Claim ID: CLM-2025-0003

Member ID: M987654321

Patient Name: Michael Johnson

Date of Birth: 08/30/1978

Provider Info

Provider Name: CityCare General Hospital

Provider NPI: 1112223334

Tax ID: 11-2233445

Service Details

Service Date From: 01/20/2025

Service Date To: 01/20/2025

Charges

Total Charge Amount: 1000.00

Payment Method: Insurance

Notes: ER visit for chest pain, ECG performed

Line	CPT/HCPCS Code	ICD-10 Code	Units	Line Amount
1	99285	R07.9	1	900.00
2	93010	R07.9	1	200.00