

Health Insurance Claim Form

Patient Information

Name: Mr. Ali

Date of Birth: January 15, 1965

Gender: Male

Address: Tung Chung, Hong Kong

Insurance Information

Insurance Provider: ABC Health Insurance

Policy Number: 123456789

Group Number: 987654

Subscriber Name:

Subscriber ID:

Claim Details

Claim Type: Health Insurance

Claim Reason: Parkinson's Disease Treatment

Date of Service: March 18, 2024

Medical Facility: XYZ Hospital

Medical Provider: Dr. John Smith

Description of Services

Consultation Fee

Date of Service: March 18, 2024

Provider: Dr. John Smith

Description: Initial consultation for Parkinson's disease

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Amount: \$200.00

Diagnostic Tests

Date of Service: March 18, 2024

Provider: XYZ Hospital

Description: MRI, CT Scan, and other diagnostic tests

Amount: \$800.00

Stereotactic Surgery

Date of Service: March 18, 2024

Provider: Dr. John Smith

Description: Stereotactic surgery for Parkinson's disease

Amount: \$3,500.00

Medications

Date of Service: March 18, 2024

Provider: XYZ Hospital Pharmacy

Description: Prescription medications for Parkinson's disease

Amount: \$300.00

Hospital Room Charges

Date of Service: March 18, 2024

Provider: XYZ Hospital

Description: Hospital room charges for overnight stay

Amount: \$1,200.00

Total Claim Amount

Health Insurance Claim Form

Total Amount: \$6,000.00