|  |  |  |
| --- | --- | --- |
| **{insuranceName}** | | |
| **MEDICAL CLAIMS DEPARTAMENT** | | |
|  | | |
|  | | |
|  | | |
| **X {ssn}** | | |
| **{patientName} {dobPatient} {#hasGen} {/hasGen}X {#hasG} {/hasG}{holderName}** | | |
| **{patientAddress}{#hasSela} X {/hasSela}{#hasSpouse} X {/hasSpouse}{#hasChild} X {/hasChild}{#hasOther} X {/hasOther}{holderAddress}** | | |
| **{patientCity} {patientState} {holderCity} {holderState}** | | |
| **{patientZip} {patientPhone} {holderZip} {holderPhone}** | | |
| **{policyNumber}** | | |
| **{#hasEmp} {/hasEmp}X{#hasEmpp} {/hasEmpp} {dobHolder}{#hasH} {/hasH} X** | | |
| **{#hasA} {/hasA} X {#hasAu}{stateAccident}{/hasAu}** | | |
| **{#hasOth} {/hasOth}X {insuranceName}** | | |
| **X** | | |
| **SIGNATURE ON FILE {dv} SIGNATURE ON FILE** | | |
| **{accidentDate}** | | |
|  | | |
| **DR ALAN KHIGER 1336452671** | | |
|  | | |
| **{remain} X**  **0** | | |
| **{dai\_0} {dai\_3} {dai\_6} {dai\_9}** | | |
| **{dai\_1} {dai\_4} {dai\_7} {dai\_10}** | | |
| **{dai\_2} {dai\_5} {dai\_8} {dai\_11}** | | |
|  | | |
|  | | |
| **{#services}{dv} {dv} 11 {label} {pfx} ABCD {priceView} {quantity} {npi\_}** | | |
| **{/services}** | | |
| **{#nl}**  **{/nl} 471683186 X X {sum\_} 0.00 {sum\_}** | | |
| **9047013916** | | |
| **AMAZING SPINE CARE INC AMAZING SPINE CARE INC** | | |
| **DR.{dN\_}, D.C.**  **{dv}**  **{sig\_}** | **{of\_1} 6320 ST AUGUSTINE RD #10** |
| **{of\_2} JACKSONVILLE, FL 32217** |

**{sig\_} 1235539313 1235539313**