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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
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|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X {insurance}** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{firstRemain} X**  **0** |
| **{dai\_0\_0} {dai\_0\_3} {dai\_0\_6} {dai\_0\_9}** |
| **{dai\_0\_1} {dai\_0\_4} {dai\_0\_7} {dai\_0\_10}** |
| **{dai\_0\_2} {dai\_0\_5} {dai\_0\_8} {dai\_0\_11}** |
|  |
|  |
| **{#firstServices}{0} {0} 11 {label} ABCD {value}.00 1 {npi\_0}** |
| **{/firstServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
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|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{secondRemain} X**  **0** |
| **{dai\_1\_0} {dai\_1\_3} {dai\_1\_6} {dai\_1\_9}** |
| **{dai\_1\_1} {dai\_1\_4} {dai\_1\_7} {dai\_1\_10}** |
| **{dai\_1\_2} {dai\_1\_5} {dai\_1\_8} {dai\_1\_11}** |
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|  |
| **{#secondServices}{1} {1} 11 {label} ABCD {value}.00 1 {npi\_1}** |
| **{/secondServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
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|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{thirdRemain} X**  **0** |
| **{dai\_2\_0} {dai\_2\_3} {dai\_2\_6} {dai\_2\_9}** |
| **{dai\_2\_1} {dai\_2\_4} {dai\_2\_7} {dai\_2\_10}** |
| **{dai\_2\_2} {dai\_2\_5} {dai\_2\_8} {dai\_2\_11}** |
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|  |
| **{#thirdServices}{2} {2} 11 {label} ABCD {value}.00 1 {npi\_2}** |
| **{/thirdServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{fourthRemain} X**  **0** |
| **{dai\_3\_0} {dai\_3\_3} {dai\_3\_6} {dai\_3\_9}** |
| **{dai\_3\_1} {dai\_3\_4} {dai\_3\_7} {dai\_3\_10}** |
| **{dai\_3\_2} {dai\_3\_5} {dai\_3\_8} {dai\_3\_11}** |
|  |
|  |
| **{#fourthServices}{3} {3} 11 {label} ABCD {value}.00 1 {npi\_3}** |
| **{/fourthServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{fifthRemain} X**  **0** |
| **{dai\_4\_0} {dai\_4\_3} {dai\_4\_6} {dai\_4\_9}** |
| **{dai\_4\_1} {dai\_4\_4} {dai\_4\_7} {dai\_4\_10}** |
| **{dai\_4\_2} {dai\_4\_5} {dai\_4\_8} {dai\_4\_11}** |
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|  |
| **{#fifthServices}{4} {4} 11 {label} ABCD {value}.00 1 {npi\_4}** |
| **{/fifthServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{sixthRemain} X**  **0** |
| **{dai\_5\_0} {dai\_5\_3} {dai\_5\_6} {dai\_5\_9}** |
| **{dai\_5\_1} {dai\_5\_4} {dai\_5\_7} {dai\_5\_10}** |
| **{dai\_5\_2} {dai\_5\_5} {dai\_5\_8} {dai\_5\_11}** |
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|  |
| **{#sixthServices}{5} {5} 11 {label} ABCD {value}.00 1 {npi\_5}** |
| **{/sixthServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{seventhRemain} X**  **0** |
| **{dai\_6\_0} {dai\_6\_3} {dai\_6\_6} {dai\_6\_9}** |
| **{dai\_6\_1} {dai\_6\_4} {dai\_6\_7} {dai\_6\_10}** |
| **{dai\_6\_2} {dai\_6\_5} {dai\_6\_8} {dai\_6\_11}** |
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|  |
| **{#seventhServices}{6} {6} 11 {label} ABCD {value}.00 1 {npi\_6}** |
| **{/seventhServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
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|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{eigthRemain} X**  **0** |
| **{dai\_7\_0} {dai\_7\_3} {dai\_7\_6} {dai\_7\_9}** |
| **{dai\_7\_1} {dai\_7\_4} {dai\_7\_7} {dai\_7\_10}** |
| **{dai\_7\_2} {dai\_7\_5} {dai\_7\_8} {dai\_7\_11}** |
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|  |
| **{#eigthServices}{7} {7} 11 {label} ABCD {value}.00 1 {npi\_7}** |
| **{/eigthServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{ninthRemain} X**  **0** |
| **{dai\_8\_0} {dai\_8\_3} {dai\_8\_6} {dai\_8\_9}** |
| **{dai\_8\_1} {dai\_8\_4} {dai\_8\_7} {dai\_8\_10}** |
| **{dai\_8\_2} {dai\_8\_5} {dai\_8\_8} {dai\_8\_11}** |
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|  |
| **{#ninthServices}{8} {8} 11 {label} ABCD {value}.00 1 {npi\_8}** |
| **{/ninthServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{tenthRemain} X**  **0** |
| **{dai\_9\_0} {dai\_9\_3} {dai\_9\_6} {dai\_9\_9}** |
| **{dai\_9\_1} {dai\_9\_4} {dai\_8\_7} {dai\_9\_10}** |
| **{dai\_9\_2} {dai\_9\_5} {dai\_9\_8} {dai\_9\_11}** |
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|  |
| **{#tenthServices}{9} {9} 11 {label} ABCD {value}.00 1 {npi\_9}** |
| **{/tenthServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{eleventhRemain} X**  **0** |
| **{dai\_10\_0} {dai\_10\_3} {dai\_10\_6} {dai\_10\_9}** |
| **{dai\_10\_1} {dai\_10\_4} {dai\_10\_7} {dai\_10\_10}** |
| **{dai\_10\_2} {dai\_10\_5} {dai\_10\_8} {dai\_10\_11}** |
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|  |
| **{#eleventhServices}{10} {10} 11 {label} ABCD {value}.00 1 {npi\_10}** |
| **{/eleventhServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
|  |
|  |
| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
| **{city} {state} {cityHolder} {stateHolder}** |
| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{twRemain} X**  **0** |
| **{dai\_11\_0} {dai\_11\_3} {dai\_11\_6} {dai\_11\_9}** |
| **{dai\_11\_1} {dai\_11\_4} {dai\_11\_7} {dai\_11\_10}** |
| **{dai\_11\_2} {dai\_11\_5} {dai\_11\_8} {dai\_11\_11}** |
|  |
|  |
| **{#twServices}{11} {11} 11 {label} ABCD {value}.00 1 {npi\_11}** |
| **{/twServices}** |