|  |  |  |
| --- | --- | --- |
| **{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 {insurance}** | | |
| **X** | | |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** | | |
| **{accidentDate}** | | |
|  | | |
| **DR ALAN KHIGER 1336452671** | | |
|  | | |
| **{firstRemain} 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 {value}.00 1 {npi\_}** | | |
| **{/services}** | | |
| **{#nl}**  **{/nl} 471683186 X X {sum\_}.00 0.00 {sum\_}.00** | | |
| **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**