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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}** |
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| **X {dob} X** |
| **X {state}** |
| **X {insurance}** |
| **X** |
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| **{accidentDate}** |
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| **DR ALAN KHIGER 1336452671** |
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| **{dai\_0\_2} {dai\_0\_5} {dai\_0\_8} {dai\_0\_11}** |
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| **{#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}** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
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| **{accidentDate}** |
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| **DR ALAN KHIGER 1336452671** |
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| **{secondRemain} X**  **0** |
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| **{#secondServices}{1} {1} 11 {label} ABCD {value}.00 1 {npi\_1}** |
| **{/secondServices}** |

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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **X {ssn}** |
| **{patientName} {dob} X {insuranceHolder}** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
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| **{accidentDate}** |
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| **DR ALAN KHIGER 1336452671** |
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| **{#thirdServices}{2} {2} 11 {label} ABCD {value}.00 1 {npi\_2}** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
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| **DR ALAN KHIGER 1336452671** |
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| **{#fourthServices}{3} {3} 11 {label} ABCD {value}.00 1 {npi\_3}** |
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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
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| **DR ALAN KHIGER 1336452671** |
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| **{#fifthServices}{4} {4} 11 {label} ABCD {value}.00 1 {npi\_4}** |
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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
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| **DR ALAN KHIGER 1336452671** |
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| **{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}** |
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| **X {dob} X** |
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| **X STATEFARM** |
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| **DR ALAN KHIGER 1336452671** |
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| **X {dob} X** |
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| **DR ALAN KHIGER 1336452671** |
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| **{eigthRemain} X**  **0** |
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| **{#eigthServices}{7} {7} 11 {label} ABCD {value}.00 1 {npi\_7}** |
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| **DR ALAN KHIGER 1336452671** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
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| **DR ALAN KHIGER 1336452671** |
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| **{tenthRemain} X**  **0** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
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| **DR ALAN KHIGER 1336452671** |
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| **X {dob} X** |
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| **{#twServices}{11} {11} 11 {label} ABCD {value}.00 1 {npi\_11}** |
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| **X {dob} X** |
| **X {state}** |
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| **X {dob} X** |
| **X {state}** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
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| **X {state}** |
| **X STATEFARM** |
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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **{patientName} {dob} X {insuranceHolder}** |
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| **X {dob} X** |
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| **X STATEFARM** |
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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **{patientName} {dob} X {insuranceHolder}** |
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| **X {dob} X** |
| **X {state}** |
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| **DR ALAN KHIGER 1336452671** |
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| **{/enServices}** |

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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
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| **{accidentDate}** |
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| **DR ALAN KHIGER 1336452671** |
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| **{#niServices}{18} {18} 11 {label} ABCD {value}.00 1 {npi\_18}** |
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| **MEDICAL CLAIMS DEPARTAMENT** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{tweRemain} X**  **0** |
| **{dai\_19\_0} {dai\_19\_3} {dai\_19\_6} {dai\_19\_9}** |
| **{dai\_19\_1} {dai\_19\_4} {dai\_19\_7} {dai\_19\_10}** |
| **{dai\_19\_2} {dai\_19\_5} {dai\_19\_8} {dai\_19\_11}** |
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| **{#tweServices}{19} {19} 11 {label} ABCD {value}.00 1 {npi\_19}** |
| **{/tweServices}** |

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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}** |
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| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
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| **DR ALAN KHIGER 1336452671** |
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| **{dai\_20\_0} {dai\_20\_3} {dai\_20\_6} {dai\_20\_9}** |
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| **{#twoServices}{20} {20} 11 {label} ABCD {value}.00 1 {npi\_20}** |
| **{/twoServices}** |

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| **{insurance}** |
| **MEDICAL CLAIMS DEPARTAMENT** |
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| **{patientName} {dob} X {insuranceHolder}** |
| **{addressPatient} X {addressHolder}** |
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| **{zip} {phoneNumber} {zipHolder} {phoneNumberHolder}** |
|  |
| **X {dob} X** |
| **X {state}** |
| **X STATEFARM** |
| **X** |
| **SIGNATURE ON FILE {dateReceipt} SIGNATURE ON FILE** |
| **{accidentDate}** |
|  |
| **DR ALAN KHIGER 1336452671** |
|  |
| **{twtRemain} X**  **0** |
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| **{#twtServices}{21} {21} 11 {label} ABCD {value}.00 1 {npi\_21}** |
| **{/twtServices}** |