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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 {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}** |
|  |
|  |
| **{#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}** |
|  |
|  |
| **{#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}** |