

Healthcare Insurance Claim — Low Confidence Sample

Patient Information

Patient Name	Sarah Thompson
Patient/Member ID	
Date of Birth	1979-11-24
Insurance Plan	Standard Care Basic
Address	44 Mellow Lane, City, State
Phone	(555) 188-0021

Provider Information

Clinic/Hospital	Evergreen Family Clinic
Provider Name	Dr. Linda Perez
NPI Number	9876543210
Provider ID	45218812
Address	12 Wellness Blvd, City, State
Phone & Email	(555) 220-1144 billing@evergreen.com

Claim Details

Claim ID	73388219
Date of Service	2025-01-10
Date of Submission	2025-01-14
ICD-10 Codes	R51.9
Prior Authorization	
Place of Service	Outpatient

CPT Code	Description	Units	Amount
99213	Office/outpatient visit		
93000		1	

Payment Information

Provider Tax ID	55-9087123
Expected Reimbursement	~\$??
Payment Method	Electronic
Bank Routing Info	Routing: 03100002X Acct: ****55??

Attachments

- ☐ Clinical Notes
- ☐ Imaging Report
- ☐ Referral Letter
- ☐ Prior Authorization Letter

Notes

Handwritten note: unclear billing amount — verify with provider
Resubmit once CPT table is completed

Signatures

Provider Signature: Dr. Linda Perez

Patient Acknowledgment: _____