

HEALTH INSURANCE CLAIM FORM – FRAUD REVIEW FLAG

PATIENT INFORMATION

Full Name: Ayesha Khalid
Patient / Member ID: 48293-00X
Date of Birth: 12/02/1999
Insurance Plan: Gold Premium Plus

RESUBMITTED – CORRECT AND RETURN

PROVIDER INFORMATION

Clinic Name: Citywide Ortho Clinic
Provider Name: Dr. Sana Malik
NPI Number: 4598375621

CLAIM DETAILS

Claim ID: CLM-9982374
Date of Service: 09/14/2025
CPT Codes (DUPLICATED):

- 27447 – Knee Arthroplasty
- 27447 – Knee Arthroplasty (duplicate)
- 99215 – Level 5 Office Visit

ICD-10 Codes: M17.9 – Knee Osteoarthritis
Billed Amount: \$7251
Prior Authorization: MISSING (Required)

PAYMENT INFORMATION

Provider Tax ID: 94-8374629
Expected Reimbursement: \$2,450
Payment Method: Electronic Transfer

NOTES:

Handwritten note: 'Provider resubmitted without PA'
Reviewer Comment: DUPLICATE CPT FLAGGED

SIGNATURES

Provider Signature: Dr. Sana Malik