

# Healthcare Insurance Claim #1

## Patient Information

Patient Name	John Doe 0
Patient/Member ID	60669331
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	50990804
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	24831235
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	R51.9
Prior Authorization	PA-87680821
Place of Service	Outpatient

CPT Code	Description	Units	Amount
99214	Office/outpatient visit	1	\$180
99213	Office/outpatient visit	1	\$120

## Payment Information

Provider Tax ID	99-1234567
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Expected Reimbursement	\$150
Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter

Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #2

## Patient Information

Patient Name	John Doe 1
Patient/Member ID	94609418
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	69082922
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	35841177
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	J02.9
Prior Authorization	PA-54017679
Place of Service	Outpatient

CPT Code	Description	Units	Amount
93000	Electrocardiogram	1	\$85
99213	Office/outpatient visit	1	\$120
99214	Office/outpatient visit	1	\$180

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150
Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter

Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #3

## Patient Information

Patient Name	John Doe 2
Patient/Member ID	70344720
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	82564861
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	31254875
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	E11.9
Prior Authorization	PA-97103444
Place of Service	Outpatient

CPT Code	Description	Units	Amount
93000	Electrocardiogram	1	\$85

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150

Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter  
Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #4

## Patient Information

Patient Name	John Doe 3
Patient/Member ID	21669976
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	34190572
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	11479939
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	R51.9
Prior Authorization	N/A
Place of Service	Outpatient

CPT Code	Description	Units	Amount
93000	Electrocardiogram	1	\$85

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150

Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter  
Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #5

## Patient Information

Patient Name	John Doe 4
Patient/Member ID	72025399
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	93881421
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	69573228
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	R51.9
Prior Authorization	PA-25246803
Place of Service	Outpatient

CPT Code	Description	Units	Amount
93000	Electrocardiogram	1	\$85
99214	Office/outpatient visit	1	\$180
99213	Office/outpatient visit	1	\$120

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150
Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter

Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #6

## Patient Information

Patient Name	John Doe 5
Patient/Member ID	47824338
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	38641407
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	99195393
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	M54.5
Prior Authorization	N/A
Place of Service	Outpatient

CPT Code	Description	Units	Amount
99213	Office/outpatient visit	1	\$120

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150

Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter  
Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #7

## Patient Information

Patient Name	John Doe 6
Patient/Member ID	73904538
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	73050417
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	72613564
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	R51.9
Prior Authorization	PA-56343823
Place of Service	Outpatient

CPT Code	Description	Units	Amount
93000	Electrocardiogram	1	\$85
99214	Office/outpatient visit	1	\$180
99213	Office/outpatient visit	1	\$120

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150
Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter

Patient Acknowledgment: \_\_\_\_\_

# Healthcare Insurance Claim #8

## Patient Information

Patient Name	John Doe 7
Patient/Member ID	79751037
Date of Birth	1985-07-12
Insurance Plan	Premium Care Plus
Address	123 Medical St, City, State
Phone	(555) 123-7890

## Provider Information

Clinic/Hospital	Sunrise Medical Center
Provider Name	Dr. Alex Carter
NPI Number	1234567890
Provider ID	44003366
Address	45 Health Ave, City, State
Phone & Email	(555) 444-2222   billing@sunrise.com

## Claim Details

Claim ID	99343388
Date of Service	2025-01-15
Date of Submission	2025-01-20
ICD-10 Codes	E11.9
Prior Authorization	PA-43403351
Place of Service	Outpatient

CPT Code	Description	Units	Amount
93000	Electrocardiogram	1	\$85

## Payment Information

Provider Tax ID	99-1234567
Expected Reimbursement	\$150

Payment Method	Electronic
Bank Routing Info	Routing: 021000021   Acct: ****8877

## Attachments

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

## Notes

Resubmit with correct prior-auth  
Handwritten note: patient provided insurance card copy

## Signatures

Provider Signature: Dr. Alex Carter  
Patient Acknowledgment: \_\_\_\_\_