

## Health Insurance Claim Form

### Insurance Claim Form

Name: John Doe

Date of Birth: 01/15/1980

Address: 123 Fake Street, Faketown, FK 12345

Phone Number: (123) 456-7890

Email: johndoe@example.com

Insurance Policy Number: XYZ123456789

Group Number: GRP123456

Employer: Fake Company Inc.

Date of Service: 05/01/2024

Diagnosis: Acute Pharyngitis

Procedure: Throat Examination

History of Diseases: Hypertension, Diabetes

Current Health Issues: Sore throat, Fever

Family Status: Married, 2 children

Medications: Metformin, Lisinopril

Allergies: Penicillin