

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-004

Date of Service: 2025-12-10

Patient Name: Matthew Harris

Policy Number: MED-454367

Patient Address: 321 Maple Dr, Peoria, IL

Provider Name: Imaging Associates

Provider NPI: 9236534198

Diagnosis Code: Z00.00

Diagnosis: Lower back pain evaluation

Procedure: Diagnostic imaging - MRI scan

Total Charges: \$3,458.00

Patient Signature: [Signed]

Date: 2025-12-10