

# MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-014

Date of Service: 2025-10-14

Patient Name: Robert Brown

Policy Number: MED-361108

Patient Address: 321 Maple Dr, Peoria, IL

Provider Name: Rehab Plus Center

Provider NPI: 5139262223

Diagnosis Code: Z00.00

Diagnosis: Post-surgical rehabilitation

Procedure: Physical therapy sessions

Total Charges: \$958.00

Patient Signature: [Signed]

Date: 2025-10-14