

# MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

## CLAIM INFORMATION

Claim Number: CLM-2024-MED-015  
Date of Service: 2026-01-19  
Policy Number: MED-420214  
Group Number: GRP-1986

## PATIENT INFORMATION

Patient Name: Charles Lee  
Date of Birth: 1999-12-04  
Address: 789 Pine St, Naperville, IL 60540  
Phone: (555) 881-4404

## PROVIDER INFORMATION

Provider Name: Springfield ENT Specialists  
Attending Physician: Dr. Andrew Lee, MD  
Provider NPI: 5566778899  
Tax ID: 90-4540415

## DIAGNOSIS AND TREATMENT

Diagnosis:  
Chronic sinusitis, unspecified - J32.9

Services Rendered:  
ENT consultation for chronic sinusitis. CT sinus scan, nasal endoscopy, culture obtained. Medical management initiated.

## CHARGES

Total Charges: \$1,400.00  
Patient Copay: \$40.00  
Amount Claimed: \$1,360.00  
Prior Authorization: Not Required

Patient Signature: \_\_\_\_\_ Date: 2026-02-21