

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-007

Date of Service: 2025-10-26

Patient Name: Sarah Williams

Policy Number: MED-342463

Patient Address: 789 Pine St, Chicago, IL

Provider Name: Rehab Plus Center

Provider NPI: 7458391574

Diagnosis Code: J30.9

Diagnosis: Post-surgical rehabilitation

Procedure: Physical therapy sessions

Total Charges: \$4,840.00

Patient Signature: [Signed]

Date: 2025-10-26