

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-013

Date of Service: 2025-10-25

Patient Name: Lisa Anderson

Policy Number: MED-385494

Patient Address: 321 Maple Dr, Peoria, IL

Provider Name: Family Dental Care

Provider NPI: 7093227436

Diagnosis Code: Z00.00

Diagnosis: Tooth restoration

Procedure: Dental crown replacement

Total Charges: \$4,195.00

Patient Signature: [Signed]

Date: 2025-10-25