

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-001
Date of Service: 2025-10-20
Policy Number: MED-232352
Group Number: GRP-8758

PATIENT INFORMATION

Patient Name: Michael Brown
Date of Birth: 1967-10-07
Address: 123 Main St, Chicago, IL 60601
Phone: (555) 576-5198

PROVIDER INFORMATION

Provider Name: Springfield Family Medicine Center
Attending Physician: Dr. Sarah Chen, MD
Provider NPI: 1234567890
Tax ID: 57-3815034

DIAGNOSIS AND TREATMENT

Diagnosis:

Routine preventive care examination - Z00.00

Services Rendered:

Annual physical examination including comprehensive blood work panel (CBC, CMP, lipid panel, thyroid, A1C). EKG performed due to family history.

CHARGES

Total Charges: \$850.00
Patient Copay: \$75.00
Amount Claimed: \$775.00
Prior Authorization: Not Required

Patient Signature: _____

Date: 2026-02-21