

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-011
Date of Service: 2025-10-13
Policy Number: MED-410636
Group Number: GRP-4727

PATIENT INFORMATION

Patient Name: William White
Date of Birth: 1983-03-10
Address: 654 Cedar Ln, Aurora, IL 60505
Phone: (555) 114-9751

PROVIDER INFORMATION

Provider Name: Springfield Dermatology Associates
Attending Physician: Dr. Karen Mitchell, MD, FAAD
Provider NPI: 1122334455
Tax ID: 26-5602180

DIAGNOSIS AND TREATMENT

Diagnosis:
Dysplastic nevus, trunk - D22.5

Services Rendered:
Dermatology consultation for suspicious mole. Shave biopsy performed and sent to pathology. Follow-up visit for results.

CHARGES

Total Charges: \$650.00
Patient Copay: \$20.00
Amount Claimed: \$630.00
Prior Authorization: Auth #157174

Patient Signature: _____

Date: 2026-02-21