

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-002

Date of Service: 2025-11-05

Patient Name: Christopher Moore

Policy Number: MED-867695

Patient Address: 321 Maple Dr, Peoria, IL

Provider Name: QuickCare Urgent Care

Provider NPI: 4322283130

Diagnosis Code: Z00.00

Diagnosis: Ankle sprain, X-ray

Procedure: Urgent care for sprained ankle

Total Charges: \$2,237.00

Patient Signature: [Signed]

Date: 2025-11-05