

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-012
Date of Service: 2025-12-29
Policy Number: MED-768854
Group Number: GRP-9042

PATIENT INFORMATION

Patient Name: Barbara Harris
Date of Birth: 1966-01-19
Address: 987 Birch Rd, Joliet, IL 60432
Phone: (555) 391-8690

PROVIDER INFORMATION

Provider Name: Women's Health Center of Springfield
Attending Physician: Dr. Emily Richardson, MD, OB-GYN
Provider NPI: 2233445566
Tax ID: 71-8389840

DIAGNOSIS AND TREATMENT

Diagnosis:
Supervision of normal pregnancy, second trimester - Z34.02

Services Rendered:
Prenatal care - routine 20-week anatomy ultrasound scan. Detailed fetal survey with measurements and images.

CHARGES

Total Charges: \$1,100.00
Patient Copay: \$40.00
Amount Claimed: \$1,060.00
Prior Authorization: Not Required

Patient Signature: _____ Date: 2026-02-21