

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-015

Date of Service: 2025-12-23

Patient Name: Lisa Anderson

Policy Number: MED-213623

Patient Address: 456 Oak Ave, Springfield, IL

Provider Name: City Medical Center

Provider NPI: 5994905148

Diagnosis Code: R07.9

Diagnosis: Routine medical examination

Procedure: Annual physical exam, blood work

Total Charges: \$3,966.00

Patient Signature: [Signed]

Date: 2025-12-23