

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-008

Date of Service: 2025-10-23

Patient Name: Michael Johnson

Policy Number: MED-892450

Patient Address: 654 Cedar Ln, Naperville, IL

Provider Name: Family Dental Care

Provider NPI: 4835900581

Diagnosis Code: M25.561

Diagnosis: Tooth restoration

Procedure: Dental crown replacement

Total Charges: \$1,228.00

Patient Signature: [Signed]

Date: 2025-10-23