

# MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

## CLAIM INFORMATION

Claim Number: CLM-2024-MED-004  
Date of Service: 2025-10-02  
Policy Number: MED-962276  
Group Number: GRP-9031

## PATIENT INFORMATION

Patient Name: Jennifer Martinez  
Date of Birth: 1966-07-12  
Address: 321 Maple Dr, Peoria, IL 61602  
Phone: (555) 750-8532

## PROVIDER INFORMATION

Provider Name: Advanced Imaging Associates  
Attending Physician: Dr. Lisa Wang, MD (Radiology)  
Provider NPI: 4567890123  
Tax ID: 29-8306261

## DIAGNOSIS AND TREATMENT

Diagnosis:  
Low back pain with radiculopathy, lumbar region - M54.5  
  
Services Rendered:  
Diagnostic MRI of lumbar spine with and without contrast. Radiologist interpretation and report.

## CHARGES

Total Charges: \$3,200.00  
Patient Copay: \$30.00  
Amount Claimed: \$3,170.00  
Prior Authorization: Auth #869440

Patient Signature: \_\_\_\_\_ Date: 2026-02-21