

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-005

Date of Service: 2025-11-26

Patient Name: Patricia White

Policy Number: MED-994851

Patient Address: 456 Oak Ave, Springfield, IL

Provider Name: Behavioral Health Services

Provider NPI: 9174063898

Diagnosis Code: M25.561

Diagnosis: Anxiety and depression treatment

Procedure: Mental health counseling

Total Charges: \$2,979.00

Patient Signature: [Signed]

Date: 2025-11-26