

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-006

Date of Service: 2025-11-05

Patient Name: Robert Brown

Policy Number: MED-470789

Patient Address: 147 Elm St, Joliet, IL

Provider Name: Family Dental Care

Provider NPI: 6538109763

Diagnosis Code: Z00.00

Diagnosis: Tooth restoration

Procedure: Dental crown replacement

Total Charges: \$4,067.00

Patient Signature: [Signed]

Date: 2025-11-05