

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-010

Date of Service: 2025-10-10

Patient Name: Jane Smith

Policy Number: MED-437865

Patient Address: 147 Elm St, Joliet, IL

Provider Name: Behavioral Health Services

Provider NPI: 5163593535

Diagnosis Code: Z00.00

Diagnosis: Anxiety and depression treatment

Procedure: Mental health counseling

Total Charges: \$2,782.00

Patient Signature: [Signed]

Date: 2025-10-10