

# MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

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## CLAIM INFORMATION

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

## PATIENT INFORMATION

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

## PROVIDER INFORMATION

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

## DIAGNOSIS AND TREATMENT

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**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

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

**Patient Signature:** \_\_\_\_\_

**Date:** 2026-02-21