

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-015
Date of Service: 2026-01-19
Policy Number: MED-420214
Group Number: GRP-1986

PATIENT INFORMATION

Patient Name: Charles Lee
Date of Birth: 1999-12-04
Address: 789 Pine St, Naperville, IL 60540
Phone: (555) 881-4404

PROVIDER INFORMATION

Provider Name: Springfield ENT Specialists
Attending Physician: Dr. Andrew Lee, MD
Provider NPI: 5566778899
Tax ID: 90-4540415

DIAGNOSIS AND TREATMENT

Diagnosis:
Chronic sinusitis, unspecified - J32.9

Services Rendered:
ENT consultation for chronic sinusitis. CT sinus scan, nasal endoscopy, culture obtained. Medical management initiated.

CHARGES

Total Charges: \$1,400.00
Patient Copay: \$40.00
Amount Claimed: \$1,360.00
Prior Authorization: Not Required

Patient Signature: _____

Date: 2026-02-21