

# 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-009  
**Date of Service:** 2025-11-30  
**Policy Number:** MED-656711  
**Group Number:** GRP-6632

## PATIENT INFORMATION

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**Patient Name:** John Moore  
**Date of Birth:** 1987-12-18  
**Address:** 789 Pine St, Naperville, IL 60540  
**Phone:** (555) 438-6764

## PROVIDER INFORMATION

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**Provider Name:** Behavioral Health Services of Springfield  
**Attending Physician:** Dr. Jennifer Adams, PsyD  
**Provider NPI:** 9012345678  
**Tax ID:** 99-8612582

## DIAGNOSIS AND TREATMENT

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### Diagnosis:

Generalized anxiety disorder with moderate depression - F41.1, F32.1

### Services Rendered:

Mental health counseling - 8 individual therapy sessions (CBT-based). Initial evaluation plus 7 follow-up sessions.

## CHARGES

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**Total Charges:** \$1,600.00  
**Patient Copay:** \$40.00  
**Amount Claimed:** \$1,560.00  
**Prior Authorization:** Auth #421517

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

**Date:** 2026-02-21