

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-010
Date of Service: 2025-10-30
Policy Number: MED-856321
Group Number: GRP-4155

PATIENT INFORMATION

Patient Name: Mary Jackson
Date of Birth: 1980-02-24
Address: 321 Maple Dr, Peoria, IL 61602
Phone: (555) 648-4033

PROVIDER INFORMATION

Provider Name: QuickCare Urgent Care Center
Attending Physician: Dr. Thomas Brown, MD
Provider NPI: 0123456789
Tax ID: 34-4630331

DIAGNOSIS AND TREATMENT

Diagnosis:
Sprain of calcaneofibular ligament, right ankle - S93.411A

Services Rendered:
Urgent care visit for ankle injury. X-ray (3 views), examination, air cast application, crutch fitting.

CHARGES

Total Charges: \$950.00
Patient Copay: \$50.00
Amount Claimed: \$900.00
Prior Authorization: Auth #389930

Patient Signature: _____ **Date:** 2026-02-21