

# MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

## CLAIM INFORMATION

Claim Number: CLM-2024-MED-009  
Date of Service: 2025-11-30  
Policy Number: MED-656711  
Group Number: GRP-6632

## PATIENT INFORMATION

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

## PROVIDER INFORMATION

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

## DIAGNOSIS AND TREATMENT

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

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

Patient Signature: \_\_\_\_\_ Date: 2026-02-21