

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-003

Date of Service: 2025-09-30

Patient Name: Michael Johnson

Policy Number: MED-801679

Patient Address: 987 Birch Rd, Aurora, IL

Provider Name: Rehab Plus Center

Provider NPI: 1191953083

Diagnosis Code: R07.9

Diagnosis: Post-surgical rehabilitation

Procedure: Physical therapy sessions

Total Charges: \$2,545.00

Patient Signature: [Signed]

Date: 2025-09-30