

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-012

Date of Service: 2025-12-07

Patient Name: Robert Brown

Policy Number: MED-331055

Patient Address: 321 Maple Dr, Peoria, IL

Provider Name: Springfield General Hospital

Provider NPI: 3022145114

Diagnosis Code: Z00.00

Diagnosis: Acute chest pain, cardiac evaluation

Procedure: Emergency room visit for chest pain

Total Charges: \$1,532.00

Patient Signature: [Signed]

Date: 2025-12-07