

# MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-001

Date of Service: 2025-12-01

Patient Name: Christopher Moore

Policy Number: MED-635226

Patient Address: 789 Pine St, Chicago, IL

Provider Name: Behavioral Health Services

Provider NPI: 6003689307

Diagnosis Code: M54.5

Diagnosis: Anxiety and depression treatment

Procedure: Mental health counseling

Total Charges: \$213.00

Patient Signature: [Signed]

Date: 2025-12-01