

# MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

## CLAIM INFORMATION

Claim Number: CLM-2024-MED-006  
Date of Service: 2025-11-01  
Policy Number: MED-697530  
Group Number: GRP-7209

## PATIENT INFORMATION

Patient Name: Linda Anderson  
Date of Birth: 1981-01-16  
Address: 987 Birch Rd, Joliet, IL 60432  
Phone: (555) 971-6325

## PROVIDER INFORMATION

Provider Name: Springfield Family Dental Care  
Attending Physician: Dr. Robert Kim, DDS  
Provider NPI: 6789012345  
Tax ID: 33-9179730

## DIAGNOSIS AND TREATMENT

Diagnosis:  
Dental caries, tooth #30 with prior root canal - K02.9

Services Rendered:  
Dental crown replacement - porcelain-fused-to-metal crown on molar #30. Includes impression, temporary crown, and final placement.

## CHARGES

Total Charges: \$1,800.00  
Patient Copay: \$30.00  
Amount Claimed: \$1,770.00  
Prior Authorization: Auth #472060

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