

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