

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-013
Date of Service: 2025-11-02
Policy Number: MED-219629
Group Number: GRP-2070

PATIENT INFORMATION

Patient Name: Richard Martin
Date of Birth: 1985-08-03
Address: 123 Main St, Chicago, IL 60601
Phone: (555) 690-1878

PROVIDER INFORMATION

Provider Name: Prairie Eye Center
Attending Physician: Dr. William Torres, MD, FACS
Provider NPI: 3344556677
Tax ID: 29-3503120

DIAGNOSIS AND TREATMENT

Diagnosis:
Open-angle glaucoma suspect, bilateral - H40.011

Services Rendered:
Ophthalmology exam - comprehensive dilated eye exam, OCT scan, visual field test. New prescription for corrective lenses.

CHARGES

Total Charges: \$450.00
Patient Copay: \$75.00
Amount Claimed: \$375.00
Prior Authorization: Not Required

Patient Signature: _____

Date: 2026-02-21