

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-014
Date of Service: 2025-11-01
Policy Number: MED-685181
Group Number: GRP-7818

PATIENT INFORMATION

Patient Name: Susan Thompson
Date of Birth: 1998-10-26
Address: 456 Oak Ave, Springfield, IL 62701
Phone: (555) 733-4697

PROVIDER INFORMATION

Provider Name: Heart & Vascular Institute of Illinois
Attending Physician: Dr. Maria Santos, MD, FACC
Provider NPI: 4455667788
Tax ID: 76-7381684

DIAGNOSIS AND TREATMENT

Diagnosis:
Palpitations and exercise intolerance - R00.2

Services Rendered:
Cardiology consultation - stress echocardiogram, 24-hour Holter monitor, follow-up visit with treatment plan discussion.

CHARGES

Total Charges: \$3,800.00
Patient Copay: \$50.00
Amount Claimed: \$3,750.00
Prior Authorization: Auth #564226

Patient Signature: _____

Date: 2026-02-21