

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-007
Date of Service: 2025-11-13
Policy Number: MED-725113
Group Number: GRP-5526

PATIENT INFORMATION

Patient Name: James Taylor
Date of Birth: 1995-01-17
Address: 123 Main St, Chicago, IL 60601
Phone: (555) 295-2402

PROVIDER INFORMATION

Provider Name: Central Illinois Allergy & Asthma Clinic
Attending Physician: Dr. Patricia Nguyen, MD
Provider NPI: 7890123456
Tax ID: 40-7818732

DIAGNOSIS AND TREATMENT

Diagnosis:

Allergic rhinitis, seasonal and perennial - J30.9

Services Rendered:

Comprehensive allergy testing panel (environmental and food) - 60 allergen skin prick test plus specific IgE blood panel.

CHARGES

Total Charges: \$1,200.00
Patient Copay: \$50.00
Amount Claimed: \$1,150.00
Prior Authorization: Not Required

Patient Signature: _____

Date: 2026-02-21