

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-008
Date of Service: 2025-12-28
Policy Number: MED-777278
Group Number: GRP-9041

PATIENT INFORMATION

Patient Name: Patricia Thomas
Date of Birth: 1988-01-03
Address: 456 Oak Ave, Springfield, IL 62701
Phone: (555) 401-4630

PROVIDER INFORMATION

Provider Name: Springfield Gastroenterology Center
Attending Physician: Dr. David Cohen, MD, FACG
Provider NPI: 8901234567
Tax ID: 61-5081983

DIAGNOSIS AND TREATMENT

Diagnosis:
Encounter for screening for malignant neoplasm of colon - Z12.11

Services Rendered:
Screening colonoscopy with polyp removal (2 sessile polyps removed via snare polypectomy). Moderate sedation.

CHARGES

Total Charges: \$4,500.00
Patient Copay: \$40.00
Amount Claimed: \$4,460.00
Prior Authorization: Auth #796212

Patient Signature: _____ **Date:** 2026-02-21