

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-002
Date of Service: 2026-01-08
Policy Number: MED-426147
Group Number: GRP-2771

PATIENT INFORMATION

Patient Name: Sarah Johnson
Date of Birth: 1997-01-10
Address: 456 Oak Ave, Springfield, IL 62701
Phone: (555) 689-7149

PROVIDER INFORMATION

Provider Name: Springfield General Hospital Emergency Dept
Attending Physician: Dr. James Rodriguez, MD
Provider NPI: 2345678901
Tax ID: 60-4327421

DIAGNOSIS AND TREATMENT

Diagnosis:
Acute chest pain, non-cardiac origin - R07.9

Services Rendered:
Emergency room visit for acute chest pain. CT angiogram, troponin levels x3, cardiac monitoring 6 hours.
Discharged with follow-up.

CHARGES

Total Charges: \$8,500.00
Patient Copay: \$20.00
Amount Claimed: \$8,480.00
Prior Authorization: Not Required

Patient Signature: _____ Date: 2026-02-21