HEALTH INSURANCE CLAIM FORM

✔ **NORMAL CLAIM**

1. Patient & Policy Details

Patient ID: PAT-1000
Days Since Policy Start: 1334
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-205
Historical Fraud Score: 0.02

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_13	$877.30
Urgency: Elective	PR_33	
Days Since Last Claim: 144		

Total Claim: $877.30

HEALTH INSURANCE CLAIM FORM

✔ NORMAL CLAIM

1. Patient & Policy Details

Patient ID: PAT-1001
Days Since Policy Start: 1481
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-973
Historical Fraud Score: 0.04

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_31	$1,344.57
Urgency: Emergency	PR_18	
Days Since Last Claim: 71		

Total Claim: $1,344.57

HEALTH INSURANCE CLAIM FORM

✔ NORMAL CLAIM

1. Patient & Policy Details

Patient ID: PAT-1002
Days Since Policy Start: 1240
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-406
Historical Fraud Score: 0.05

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_44	$1,953.27
Urgency: Elective	PR_81	
Days Since Last Claim: 111		

Total Claim: $1,953.27

HEALTH INSURANCE CLAIM FORM   ■ FRAUD CLAIM

1. Patient & Policy Details

Patient ID: PAT-1003
Days Since Policy Start: 8
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-698
Historical Fraud Score: 0.75

3. Service Details

Description	Code	Amount
Visit Type: Outpatient	DX_26	$7,885.45
Urgency: Elective	PR_51	
Days Since Last Claim: 2		

Total Claim: $7,885.45

HEALTH INSURANCE CLAIM FORM

1. Patient & Policy Details

Patient ID: PAT-1004
Days Since Policy Start: 1186
Chronic Condition Flag: Yes

2. Healthcare Provider Details

Provider ID: PROV-219
Historical Fraud Score: 0.02

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_26	$135.99
Urgency: Emergency	PR_99	
Days Since Last Claim: 159		

Total Claim: $135.99

HEALTH INSURANCE CLAIM FORM

1. Patient & Policy Details

Patient ID: PAT-1005
Days Since Policy Start: 88
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-657
Historical Fraud Score: 0.85

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_38	$6,444.00
Urgency: Emergency	PR_84	
Days Since Last Claim: 1		

Total Claim: $6,444.00

HEALTH INSURANCE CLAIM FORM

✔ NORMAL CLAIM

1. Patient & Policy Details

Patient ID: PAT-1006
Days Since Policy Start: 1664
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-459
Historical Fraud Score: 0.07

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_62	$930.88
Urgency: Elective	PR_37	
Days Since Last Claim: 83		

Total Claim: $930.88

HEALTH INSURANCE CLAIM FORM

1. Patient & Policy Details

Patient ID: PAT-1007
Days Since Policy Start: 4
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-329
Historical Fraud Score: 0.85

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_34	$6,485.76
Urgency: Emergency	PR_92	
Days Since Last Claim: 2		

Total Claim: $6,485.76

HEALTH INSURANCE CLAIM FORM

■ **FRAUD CLAIM**

1. Patient & Policy Details

Patient ID: PAT-1008
Days Since Policy Start: 89
Chronic Condition Flag: Yes

2. Healthcare Provider Details

Provider ID: PROV-286
Historical Fraud Score: 0.79

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_41	$8,813.61
Urgency: Elective	PR_31	
Days Since Last Claim: 2		

Total Claim: $8,813.61

HEALTH INSURANCE CLAIM FORM

1. Patient & Policy Details

Patient ID: PAT-1009
Days Since Policy Start: 1530
Chronic Condition Flag: No

2. Healthcare Provider Details

Provider ID: PROV-351
Historical Fraud Score: 0.07

3. Service Details

Description	Code	Amount
Visit Type: Inpatient	DX_72	$196.64
Urgency: Elective	PR_32	
Days Since Last Claim: 31		

Total Claim: $196.64