

# INSURANCE CLAIM STATEMENT

## ABC General Hospital

123 Medical Drive  
Healthcare City, HC 12345

PATIENT: John Smith  
PATIENT ID: P123456  
INSURANCE: Blue Cross Blue Shield  
POLICY NUMBER: BC-987654321  
MEMBER ID: M123456789  
SERVICE DATE: 2024-01-15

### ***SERVICES PROVIDED:***

Emergency Room Visit (CPT: 99284) - \$500.00  
X-Ray Chest (CPT: 71020) - \$150.00  
Laboratory Tests (CPT: 80053) - \$75.00

### ***DIAGNOSIS CODES:***

ICD-10: J44.1 - Chronic obstructive pulmonary disease  
ICD-10: Z51.11 - Encounter for antineoplastic chemotherapy

### ***INSURANCE CLAIM DETAILS:***

Total Charges: \$725.00  
Insurance Coverage: \$650.00  
Patient Copay: \$25.00  
Deductible Applied: \$50.00

***PATIENT RESPONSIBILITY: \$75.00***