

HEALTH INSURANCE CLAIM FORM			
PATIENT NAME	TIM CENT	INSURED ID NUMBER	87657898B
PATIENT DOB	1/1/1955		
SEX	MALE	FEDERAL TAX ID	123SDF222
PATIENT RELATIONSHIP TO INSURED	SELF		
PATIENT ADDRESS	700 WASHINGTON		
CITY	NEW PROVIDENCE		
STATE	NJ		
ZIP CODE	07922		
PHONE NUMBER	9998887655		
DATE OF CURRENT ILLNESS	1/1/2018		
DIAGNOSIS CODE FOR NATURE OF ILLNESS	400		
DATES OF SERVICE	PROCEDURE CODE	CHARGES	COMMENTS
1/1/2018	90805	500.00	
TOTAL CHARGE		500.00	
BILLING PROVIDER ADDRESS			
BILL SMITH			
70 WASHINGTON SQUARE, DENVER			
COLORADO			