

## Insurance Claim Form

Patient Name:	Jane Doe
Patient Date of Birth:	January 5, 1985
Patient Address:	1234 Elm Street, Springfield, ST 12345
Patient ID/Account #:	JD2024 (Internal use)
Insurance Company:	Acme Health Insurance
Insurance Plan:	Acme Premier Health Plan
Member ID:	XJY-123456789
Group #:	00051234
Payer Address:	999 Insurance Ln, Capital City, ST 12345
Physician/Provider Name:	John Smith, MD
Provider Address:	Springfield Medical Clinic, 100 Main St, Springfield, ST 12345
Provider Phone:	(555) 010-0001
National Provider Identifier (NPI):	0123456789
Claim ID:	(Leave Blank):
Date of Claim Submission:	October 20, 2024

Doctors Billing Statement

<b>Springfield Medical Clinic</b> 100 Main St, Springfield, ST 12345 Phone: (555) 010-0001
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<b>Patient:</b> Jane Doe <b>Date of Birth:</b> 01/05/1985 <b>Visit Date:</b> October 15, 2024 <b>Provider:</b> John Smith, MD (Primary Care Physician)
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Services Billed:

Date of Service	Place of Service	CPT/Procedure Code & Description	Diagnosis (ICD-10)	Charges (USD)
2024-10-15	11 (Office)	99214 – Office Visit, Est. Patient	I10 – Essential Hypertension	\$150.00
2024-10-15	11 (Office)	80048 – Basic Metabolic Panel (Lab)	E11.9 – Type 2 Diabetes Mell. (without complications)	\$50.00
Total Charge Amount:				\$200.00
Amount Paid by Patient (Copay):				\$20.00
Amount to be Billed to Insurance:				\$180.00

## Doctor Visit Summary (After-Visit Summary)

### Springfield Medical Clinic

100 Main St, Springfield, ST 12345

Phone: (555) 010-0001

**Patient:** Jane Doe

**Date of Birth:** 01/05/1985

**Visit Date:** October 15, 2024

**Provider:** John Smith, MD (Primary Care Physician)

### Visit Summary:

Jane Doe visited the clinic for a scheduled follow-up. **Chief Complaints/Reason for Visit:** Routine follow-up for known hypertension and type 2 diabetes management. Patient also mentioned occasional fatigue.

### Vitals & Assessment:

- Blood Pressure: 128/82 mmHg (within target range)
- Heart Rate: 78 bpm; Weight: 165 lbs; BMI: 25.1
- Lab results from prior tests (fasting glucose, basic metabolic panel) were **reviewed** – notable for fasting glucose 110 mg/dL (slightly elevated, pre-diabetic range) and cholesterol levels pending.
- Physical examination was unremarkable. No acute issues noted.

### Diagnoses:

1. **Essential Hypertension (ICD-10: I10)** – Well controlled with current medication.
2. **Type 2 Diabetes Mellitus without complications (ICD-10: E11.9)** – Mildly elevated blood glucose; continue monitoring.  
(Possible hyperlipidemia to evaluate once lab results return.)

### Plan:

- **Medications:** Continue Lisinopril 20mg daily for blood pressure. Continue Metformin 500mg twice daily for diabetes. No changes to medication at this time.
- **Tests:** A fasting lipid panel was drawn today to assess cholesterol levels. Await results (will be communicated via patient portal in a few days).

- **Lifestyle:** Advised patient to maintain a low-sodium, low-sugar diet and exercise at least 30 minutes daily.
- **Follow-Up:** Return in 3 months for routine check-up, or sooner if symptoms worsen. Next appointment scheduled for January 20, 2025.

**Provider Signature:**

John Smith, MD (electronically signed)

*John Smith*

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*Printed on 10/15/2024. Patient received a copy of this summary.*

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Laboratory Test Result – Complete Blood Count (CBC)

LabTech Diagnostics

500 LabTech Drive, Springfield, ST 12345

Phone: (555) 020-1000

Patient: Jane Doe (DOB: 01/05/1985)

Patient ID: JD2024

Ordering Physician: John Smith, MD

Lab Report ID: L-20241015-001

Test: Complete Blood Count (CBC)

Collection Date: 10/15/2024 Report Date: 10/15/2024

Results:

Component	Result	Units	Reference Range
White Blood Cell (WBC)	5.8	$\times 10^3/\mu\text{L}$	4.0 – 11.0 $\times 10^3/\mu\text{L}$
Red Blood Cell (RBC)	4.7	$\times 10^6/\mu\text{L}$	4.0 – 5.5 $\times 10^6/\mu\text{L}$
Hemoglobin	14.1	g/dL	12.0 – 16.0 g/dL
Hematocrit	42 %	%	36 – 46 %
Platelet Count	250	$\times 10^3/\mu\text{L}$	150 – 450 $\times 10^3/\mu\text{L}$
Neutrophils	55	%	40 – 70 %
Lymphocytes	35	%	20 – 50 %
Monocytes	7	%	2 – 10 %
Eosinophils	2	%	1 – 6 %
Basophils	1	%	0 – 2 %

**Interpretation/Notes:**

All measured values are within normal limits. No signs of infection or hematologic abnormalities.

**Impression:** A normal CBC. These results will be reviewed by Dr. John Smith; no follow-up action is expected unless clinical context suggests otherwise

*End of Report*

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# Laboratory Test Result – Lipid Panel

**Quality Labs, Inc.**  
2500 Health Park Blvd, Springfield, ST 12345  
Phone: (555) 020-2000

**Patient:** Jane Doe (DOB: 01/05/1985)  
**Patient ID:** JD2024  
**Ordering Physician:** John Smith, MD

**Lab Report ID:** L-20241015-002  
**Test:** Fasting Lipid Panel  
**Collection Date:** 10/15/2024  
**Report Date:** 10/16/2024

**Results:**

Test	Result	Units	Reference Range
Total Cholesterol	210	mg/dL	< 200 mg/dL
HDL (High-Density Lipoprotein)	50	mg/dL	> 40 mg/dL (M), > 50 mg/dL (F)
LDL (Low-Density Lipoprotein)	130	mg/dL	< 100 mg/dL
Triglycerides	140	mg/dL	< 150 mg/dL

**Interpretation/Notes:**

**Impression:** Borderline high total cholesterol and LDL. HDL is at an acceptable level. Triglycerides are normal. These results suggest **mild hyperlipidemia**. Dietary adjustments and continued exercise are recommended. Dr. John Smith will review these results with the patient (Jane Doe) and consider if any medication (like a statin) is necessary, given the patient’s history of diabetes.

*End of Report*

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# Hospital Billing Statement

**Springfield General Hospital**  
200 Hospital Dr, Springfield, ST 12345  
Phone: (555) 030-0003

**Patient:** Jane Doe  
**Patient Account #:** HG-77889900

**Admission Date:** December 5, 2024  
**Discharge Date:** December 7, 2024

**Statement Date:** December 20, 2024

Procedure	BJC HB DB Charge Description	Svc Date	Post Date	Qty	Charge (USD)	Cost Cent er	Rev Code	Rev Code	CPT(R)/ HCPCS Code	PCS Code
RMBD01	Room & Board - Semi-Private Room	12/05/20 24	12/08/2024	2	\$4,000.00	0123	0120	0120	—	—
MED01	Pharmacy - Medications	12/05/20 24	12/08/2024	1	\$300.00	0456	0250	0250	—	—
LABP1	Laboratory - Blood Test Panel	12/05/20 24	12/09/2024	1	\$500.00	0678	0300	0300	80048	—
RAD01	Radiology - Abdominal CT Scan	12/05/20 24	12/09/2024	1	\$1,200.00	0234	0350	0350	74177	—
SURG1	Surgical Services - Appendectomy	12/06/20 24	12/09/2024	1	\$10,000.00	0789	0360	0360	44970	0DBJ4ZZ
ANES1	Anesthesiology Services	12/06/20 24	12/09/2024	1	\$2,000.00	0450	0370	0370	—	—
SUPP1	Medical/Surgic al Supplies	12/06/20 24	12/09/2024	1	\$800.00	0345	0270	0270	—	—
LABP2	Laboratory - Pathology (Biopsy)	12/06/20 24	12/10/2024	1	\$250.00	0679	0310	0310	88304	—

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<b>Springfield General Hospital</b> <b>200 Hospital Dr, Springfield, ST 12345</b> <b>Phone: (555) 030-0003</b>
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<b>Patient:</b> Jane Doe <b>Patient Account #:</b> HG-77889900	<b>Admission Date:</b> December 5, 2024 <b>Discharge Date:</b> December 7, 2024
<b>Statement Date:</b> December 20, 2024	

Procedure	BJC HB DB Charge Description	Svc Date	Post Date	Qty	Charge (USD)	Cost Center	Rev Code	Rev Code	CPT(R)/ HCPCS Code	PCS Code
NURS1	Nursing Services	12/05/2024	12/08/2024	2	\$500.00	0110	0170	0170	—	—
ER001	Emergency Room Services	12/05/2024	12/08/2024	1	\$1,500.00	0890	0450	0450	—	—
THRP1	Physical Therapy Evaluation	12/06/2024	12/10/2024	1	\$300.00	0650	0420	0420	97161	—
IVTH1	IV Therapy/Infus ion	12/06/2024	12/10/2024	1	\$200.00	0560	0260	0260	—	—
PROC2	Minor Procedure (Wound Care)	12/07/2024	12/10/2024	1	\$400.00	0788	0361	0361	97597	—

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<b>Springfield General Hospital</b> 200 Hospital Dr, Springfield, ST 12345 Phone: (555) 030-0003
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<b>Patient:</b> Jane Doe <b>Patient Account #:</b> HG-77889900	<b>Admission Date:</b> December 5, 2024 <b>Discharge Date:</b> December 7, 2024
<b>Statement Date:</b> December 20, 2024	

Procedure	BJC HB DB Charge Description	Svc Date	Post Date	Qty	Charge (USD)	Cost Center	Rev Code	Rev Code	CPT(R)/H CPCS Code	PCS Code
RAD02	Radiology - Chest X-ray	12/07/2024	12/10/2024	1	\$250.00	0234	0320	0320	71020	—
LABP3	Laboratory - Complete Blood Count	12/07/2024	12/10/2024	1	\$150.00	0678	0300	0300	85025	—
CONSULT	Specialist Consultation Fee	12/07/2024	12/10/2024	1	\$500.00	0900	0510	0510	—	—
<b>Total Charges:</b>					<b>\$21,950.00</b>					

**Payments & Adjustments:** (as of 12/20/2024)

Date	Description	Amount (USD)
12/18/2024	Insurance Payment (Acme Health Insurance)	-\$15,000.00
12/18/2024	Insurance Adjustment (Contractual)	-\$4,000.00
12/20/2024	Patient Payment (co-insurance)	-\$500.00
<b>Remaining Balance (Amount Due):</b>		<b>\$2,450.00</b>