

HEALTHCARE INSURANCE CLAIM FORM

Section 1: Patient Information

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Name: John A. Smith  
Date of Birth: February 14, 1972  
Gender: Male  
Policyholder: Emily R. Smith  
Relationship to Policyholder: Spouse  
Insurance Policy Number: POL-002145678  
Group Number: GRP-768532  
Claim ID: CL-2024-001937  
Date of Service: May 10, 2024

Section 2: Provider Information

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Provider Name: Riverside Medical Group  
NPI Number: 1760854332  
Address: 123 Wellness Blvd, Suite 400, Springfield, IL 62704  
Phone: (217) 555-4321

Section 3: Diagnosis and Treatment

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Primary Diagnosis: Type 2 Diabetes Mellitus with complications  
Secondary Diagnoses: Hypertension, Obesity  
ICD-10 Codes: E11.65, I10, E66.9

Procedures Performed:

- Comprehensive metabolic panel
- Hemoglobin A1c Test
- Diabetes Management Counseling
- Blood Pressure Monitoring

Prescribed Medication:

- Metformin 500mg
- Lisinopril 10mg

Section 4: Billing Summary

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Service Code	Description	Charge
99214	Office Visit, Level 4	\$145.00
80053	Comprehensive Metabolic Panel	\$90.00
83036	Hemoglobin A1c	\$60.00
G0108	Diabetes Management Counseling	\$100.00
Total Amount Claimed:		\$395.00

Claim Submission Date: May 15, 2024

Authorized Signature: Dr. Rachel Moore