# Medical Insurance Claim Form

## Patient Information

Patient Name: John Doe

Date of Birth: January 15, 1980

Gender: Male

Address: 123 Main Street, Cityville, State, Zip

Phone Number: (555) 555-5555

Email: john.doe@email.com

Insurance Policy Number: ABC123456

Group Number: G98765

## Healthcare Provider Information

Provider Name: XYZ Medical Clinic

National Provider Identifier (NPI): 1234567890

Address: 456 Oak Avenue, Cityville, State, Zip

Phone Number: (555) 123-4567

Fax Number: (555) 123-4568

Email: xyzclinic@email.com

## Treatment Details

Date of Service: March 1, 2023

Description of Service/Procedure: Office Consultation

Diagnosis Code (ICD-10): M10.9 (Osteoarthritis, unspecified)

Procedure Code (CPT): 99213 (Office or other outpatient visit for the evaluation and management of an established patient, moderate severity)

## Cost Breakdown

Consultation Fee: $100.00

Procedures/Services: $0.00 (Only consultation performed)

Medications: $30.00 (Prescription for pain relievers)

Other Charges (specify): $0.00

Total Amount Claimed: $130.00

## Supporting Documents

Attached invoice for the consultation and prescription.

Prescription details: Acetaminophen 500mg, 30 tablets.

## Provider Certification

I certify that the information provided in this claim is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of the claim.

Signature: Dr. Jane Smith, MD

Date: March 15, 2023