

Filled Out Health Claim Form Sample

A **filled out health claim form sample** provides a clear example of how to accurately complete the necessary details for submitting a health insurance claim. It helps users understand the required information and avoids common errors during the claims process. Utilizing a sample form ensures faster and smoother reimbursement from insurance providers.

1. Patient Information

Full Name: Anderson Williams
Date of Birth: 1990-04-12
Gender: Male
Address: 157 Grand Oak Rd, Springfield, IL 62704
Phone Number: (217) 555-2314
Email: anderson.williams@email.com

2. Insurance Policy Information

Insurance Provider: HealthFirst Insurance Co.
Policy Number: HF-4829103
Group Number: G-298730
Policy Holder Name: Anderson Williams
Relationship to Policy Holder: Self

3. Details of Illness/Accident

Type of Claim: Medical Illness
Diagnosis/Condition: Acute Bronchitis
Date Illness Began: 2024-01-15
Date of First Consultation: 2024-01-17

4. Treatment Provider Information

Provider Name: Dr. Melissa Grant
Hospital/Clinic Name: Springfield Medical Center
Provider Phone: (217) 555-7865
Address: 290 Main Street, Springfield, IL 62704

5. Claim Details

Total Charges: \$650.00
Amount Paid by Insured: \$150.00
Claim Amount Requested: \$500.00

Breakdown of Charges:

- Consultation: \$100.00
- Lab Tests: \$200.00
- Medications: \$250.00
- X-Ray: \$100.00

6. Declaration & Signature

Signature: Anderson Williams

Date: 2024-01-30