

Medical Claim Form: Detailed Breakdown

1. Patient Information

Full Name

Date of Birth

Gender

Male



Contact Number

Email Address

Policy/Member ID

2. Insurance Information

Insurance Company

Group Number

Plan Type

3. Provider Details

Provider Name

Provider NPI/ID

Contact Number

Address

Street, City, State, Zip

4. Claim & Treatment Details

Date of Service

Diagnosis Code (ICD-10)

ICD-10 Code

Procedure Code (CPT/HCPCS)

CPT/HCPCS Code

Description of Service

Service or procedure performed

Amount Charged

5. Payment & Authorization

Amount Paid by Patient

Signature of Patient

Patient's signature

Date

Signature of Provider

Provider's signature

Date

Important Notes

- Ensure all fields are accurately filled to avoid processing delays.
- Submit supporting documents such as medical bills, prescriptions, and receipts.
- Retain a copy of the completed form for your records.
- Inaccurate or incomplete information may result in claim denial.
- Verify policy coverage and authorization requirements before submitting the claim.

