



WATERTOWN

HEALTH PLAN

MEDICAL CLAIM FORM

PATIENT & POLICYHOLDER

PATIENT NAME: Daryl Keebler		DOB: 08/18/1999	SEX: M
ADDRESS: 289 E Newton St Watertown, MA 02472			
SUBSCRIBER ID: M007611941		GROUP NO: POL-P000-HM0-000003	

PROVIDER & FACILITY

PROVIDER NAME: Lawrence General Hospital	NPI: 11175-3888
ADDRESS: 1 General St, Lawrence, MA 01841	

SERVICE & BILLING DETAILS

DATE OF SERVICE	POS	CPT/ HCPCS	DESCRIPTION	DIAGNOSIS (ICD-10)	CHARGES
12/02/2024	11	99396	Periodic preventive visit, established p	Z00.00	\$75.33

TOTAL CHARGE \$75.33

PATIENT SIGNATURE

Daryl Keebler

PHYSICIAN SIGNATURE

Dr. Chang Kutch, MD

Legal and authorization disclaimer: false under the certify applicable under payment medical supplier rendered authorization benefits medical subject assignment applicable applicable or release person statement under may services false payment necessary rendered and or any applicable knowingly subject records person benefits rendered information who process statement law benefits authorization medical applicable physician authorize this be authorization payment assignment process penalties any authorize or any files may authorization any records supplier services statement and files.