Itemized List for Insurance Claim

Patient information						
Name:						
Address:						
Phone number:			Email address:			
Insurance provider:			Policy number:			
Itemized list of medical expenses						
Medical provider	Services provided	Date of service	Amount charged	Paid amount (if any)	Outstanding balance	

Additional notes						
Name of attending physician:						
Signature:	Date:					

Note: Attach supporting documents (receipts, invoices, bills) to this itemized list for verification and reimbursement.