

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-003
Date of Service: 2025-10-14
Policy Number: MED-991597
Group Number: GRP-2983

PATIENT INFORMATION

Patient Name: David Garcia
Date of Birth: 1996-01-12
Address: 789 Pine St, Naperville, IL 60540
Phone: (555) 645-8018

PROVIDER INFORMATION

Provider Name: Illinois Orthopedic Specialists
Attending Physician: Dr. Michael Park, MD, FAAOS
Provider NPI: 3456789012
Tax ID: 94-7217147

DIAGNOSIS AND TREATMENT

Diagnosis:
Complete tear of anterior cruciate ligament, right knee - S83.511A

Services Rendered:
Arthroscopic ACL reconstruction surgery with hamstring autograft. Pre-op MRI, anesthesia, 2-night hospital stay, post-op brace.

CHARGES

Total Charges: \$32,000.00
Patient Copay: \$20.00
Amount Claimed: \$31,980.00
Prior Authorization: Auth #630538

Patient Signature: _____ **Date:** 2026-02-21