

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-011

Date of Service: 2025-10-14

Patient Name: Emily Davis

Policy Number: MED-124396

Patient Address: 456 Oak Ave, Springfield, IL

Provider Name: Orthopedic Specialists

Provider NPI: 1937558828

Diagnosis Code: J30.9

Diagnosis: Torn anterior cruciate ligament

Procedure: Knee surgery - ACL repair

Total Charges: \$3,026.00

Patient Signature: [Signed]

Date: 2025-10-14