

MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

CLAIM INFORMATION

Claim Number: CLM-2024-MED-005
Date of Service: 2025-12-18
Policy Number: MED-912270
Group Number: GRP-8921

PATIENT INFORMATION

Patient Name: Robert Wilson
Date of Birth: 1989-07-27
Address: 654 Cedar Ln, Aurora, IL 60505
Phone: (555) 848-5397

PROVIDER INFORMATION

Provider Name: Rehab Plus Physical Therapy
Attending Physician: Dr. Amanda Foster, DPT
Provider NPI: 5678901234
Tax ID: 51-5118725

DIAGNOSIS AND TREATMENT

Diagnosis:
Post-surgical rehabilitation, right knee ACL repair - Z96.651

Services Rendered:
Physical therapy - 12 sessions post ACL reconstruction. Includes ROM exercises, strengthening, gait training, modalities.

CHARGES

Total Charges: \$2,400.00
Patient Copay: \$20.00
Amount Claimed: \$2,380.00
Prior Authorization: Auth #392477

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