

MEDICAL INSURANCE CLAIM FORM

Claim Number: CLM-2024-MED-009

Date of Service: 2025-11-26

Patient Name: Sarah Williams

Policy Number: MED-777882

Patient Address: 147 Elm St, Joliet, IL

Provider Name: Orthopedic Specialists

Provider NPI: 7546519995

Diagnosis Code: M54.5

Diagnosis: Torn anterior cruciate ligament

Procedure: Knee surgery - ACL repair

Total Charges: \$3,257.00

Patient Signature: [Signed]

Date: 2025-11-26