

# MEDICAL INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Health Claims Processing

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## CLAIM INFORMATION

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

## PATIENT INFORMATION

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

## PROVIDER INFORMATION

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

## DIAGNOSIS AND TREATMENT

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**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

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

**Patient Signature:** \_\_\_\_\_

**Date:** 2026-02-21