

INSURANCE CLAIM FILE

Claim Number: CLM-2024-002589
Claim Type: Health Insurance - Surgery
Claimant: David Chen
Policy: HLT-8834521

MEDICAL CLAIM SUMMARY

Member ID: MEM-449281
Group: Westfield Manufacturing Employee Plan
Service Dates: May 8-11, 2024
Facility: Cleveland Clinic Main Campus

CLINICAL SUMMARY

Patient David Chen, DOB 07/14/1978, presented with persistent right knee pain following a workplace injury on April 15, 2024. Conservative treatment including physical therapy and corticosteroid injections failed to provide lasting relief. MRI dated April 28, 2024 revealed a complex medial meniscus tear requiring surgical intervention.

Arthroscopic partial meniscectomy was performed on May 8, 2024 by Dr. William Foster (NPI: 1234567890) at Cleveland Clinic. The procedure was completed without complications. Patient was discharged on May 11, 2024 with standard post-operative care instructions.

TIMELINE OF TREATMENT

April 15, 2024: Workplace injury reported. Initial ER visit at Lakewood Hospital. X-ray negative for fracture. Diagnosis: Right knee sprain. Cost: \$1,245.00
April 18, 2024: Follow-up with PCP Dr. Sarah Miller. Referred to orthopedics. Cost: \$185.00
April 22, 2024: Orthopedic consult with Dr. William Foster. Physical exam suggests meniscus involvement. Cost: \$350.00
April 28, 2024: MRI of right knee at Cleveland Clinic Imaging. Cost: \$1,890.00
May 1, 2024: Pre-operative consultation. Surgery scheduled. Cost: \$275.00
May 6, 2024: Pre-admission testing (labs, EKG). Cost: \$445.00
May 8, 2024: Arthroscopic surgery performed. Inpatient admission begins.
May 11, 2024: Discharged home in stable condition.
May 15, 2024: Post-op visit #1. Incision healing well. Cost: \$175.00
May 20 - July 8, 2024: Physical therapy (16 sessions @ \$125.00 each). Total: \$2,000.00
June 12, 2024: Post-op visit #2. Good range of motion recovery. Cost: \$175.00
July 15, 2024: Final follow-up. Released to full activity. Cost: \$175.00

HOSPITAL CHARGES (May 8-11, 2024)

Operating Room: \$12,450.00
Anesthesia Services: \$2,800.00
Surgical Supplies: \$3,420.00
Room & Board (3 nights): \$4,500.00
Pharmacy: \$845.00
Laboratory: \$390.00
Physical Therapy (inpatient): \$450.00
Physician Fee (Dr. Foster): \$4,200.00
TOTAL HOSPITAL CHARGES: \$29,055.00

INSURANCE PROCESSING

Pre-Service:

Pre-authorization #PA-2024-88472 approved May 2, 2024.

Claims Processed:

- Pre-injury ER: \$1,245.00 → Allowed: \$998.00 → Plan paid: \$798.40 (80%)
- PCP visit: \$185.00 → Allowed: \$145.00 → Plan paid: \$116.00 → Patient copay: \$29.00
- Orthopedic consults (3): \$800.00 → Allowed: \$640.00 → Plan paid: \$512.00
- MRI: \$1,890.00 → Allowed: \$1,450.00 → Plan paid: \$1,160.00
- Pre-op testing: \$445.00 → Allowed: \$380.00 → Plan paid: \$304.00
- Hospital stay: \$29,055.00 → Allowed: \$24,890.00 → Plan paid: \$19,912.00
- Post-op visits: \$525.00 → Allowed: \$420.00 → Plan paid: \$336.00
- Physical therapy: \$2,000.00 → Allowed: \$1,800.00 → Plan paid: \$1,440.00

TOTAL BILLED: \$36,145.00

TOTAL ALLOWED: \$30,723.00

TOTAL PLAN PAID: \$24,578.40

MEMBER RESPONSIBILITY: \$6,144.60

(Includes deductible: \$1,500.00, coinsurance: \$4,644.60)

COORDINATION WITH WORKERS' COMP

Initial workplace injury claim filed with Westfield Manufacturing WC carrier (Hartford Policy #WC-445578). Claim denied on May 20, 2024 - injury deemed not work-related per investigation. Appeal filed June 1, 2024. Appeal denied July 2, 2024. Full claim processed under health insurance.

CLAIM STATUS: CLOSED - FULLY PROCESSED

EOB Sent: July 18, 2024