

Surgery Expense Breakdown for Insurance Submission

PATIENT INFORMATION

PATIENT NAME	DATE OF BIRTH
MEMBER ID	SUBMISSION DATE

SURGERY DETAILS

PROCEDURE	DATE OF SURGERY
PHYSICIAN NAME	SURGICAL FACILITY

EXPENSE BREAKDOWN

DESCRIPTION	PROVIDER	DATE	AMOUNT (USD)	INSURANCE CODE
Subtotal				

OTHER COSTS

DESCRIPTION	AMOUNT (USD)	NOTES
Subtotal		

Total Claimed

Note: Please attach all relevant receipts, invoices, and medical reports for a complete submission.