



# Prairie Path Foot & Ankle Clinic

136 W Vallette St. ~ Suite 2 Elmhurst, IL 60126 630.834.3668 www.elmhurstfootdoc.com  
Physicians and Surgeons of the Foot and Ankle  
Dr. Misty McNeill ~ Dr. Saera Arain-Saleem ~ Dr. Lauren Doyle

## Sport Injury Claim Form

If you are here because of a school sport related injury, we will require information regarding your School's insurance. Before seeing a doctor, we will require a letter or statement from your carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name and phone number. Your employer's human resources office should be able to help you in obtaining this information.

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent SS#: \_\_\_\_\_  
Injury Date: \_\_\_\_\_ School/Sport Injury Occured: \_\_\_\_\_  
School/Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Address: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Adjustor's Name: \_\_\_\_\_  
Adjustor's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Adjustor's Email Address: \_\_\_\_\_

I understand that I will be fully responsible for the balance on my account if payment is not received from these third parties within 30 days.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be filled out in full prior to being seen by the doctor. If unable to obtain information prior to your appointment, we are happy to see you, however you would be responsible for payment in full at that time.