

**Policy Number:** HICP087639754

**Policyholder Information:**

- **Name:** Emily Smith
- **Address:** 456 Oak Avenue, Smalltown, USA

**Claim Details:**

- **Name of patient:** Emily Smith
- **Date of Treatment/Hospitalization:** April 25, 2024
- **Name and Address of Healthcare Provider/Hospital:** Smalltown Clinic
- **Service Description:** Asthma check-up with Dr. Johnson
- **Total Amount Incurred:**

Check-up charges: \$1200= \$1200

Prescription: \$200 = \$200

Spirometry Test : \$800

Ambulance: \$1400 per trips x 2 trips = \$2800

Total amount = \$5,000

**Claim Documentation Checklist:**

- Original Medical Bills
- Prescriptions
- Diagnostic Reports
- Doctor's Statement
- Any Other Relevant Documents

**Declaration:** I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentation may result in the denial of my claim.

**Signature:** Emily Smith

**Date:** May 3, 2024

**Prescription:**

Emily needs Spirometry Test next year.

Dr. Jack

**Hospital Bill:**