

Insurance Claim Document

Claim Number: CLM-942127

Policyholder: Emily Johnson

Claim Type: Health

Claim Amount: \$9,984.00

Status: Denied

Date Filed: 8/23/2023

Client ID: CUST0050

Code	Description	Amount
CF006	Consultation Fees	\$941.42
CF006	Consultation Fees	\$9,042.58
Total		\$9,984.00