

Insurance Claim Document

Claim Number: CLM-580639

Policyholder: James Williams

Claim Type: Health

Claim Amount: \$11,426.00

Status: Pending

Date Filed: 1/1/2022

Client ID: CUST0083

Code	Description	Amount
ER007	Equipment Replacement	\$2,943.02
RC005	Rental Car	\$2,684.07
ER007	Equipment Replacement	\$5,798.91
Total		\$11,426.00