

Insurance Claim Document

Claim Number: CLM-259036

Policyholder: Michael Williams

Claim Type: Health

Claim Amount: \$10,860.00

Status: Denied

Date Filed: 5/26/2022

Client ID: CUST0094

Code	Description	Amount
PD003	Property Damage	\$487.70
RC005	Rental Car	\$2,356.79
CF006	Consultation Fees	\$319.81
PD003	Property Damage	\$183.90
RC001	Repair Costs	\$7,511.80
Total		\$10,860.00