

Insurance Claim Document

Claim Number: CLM-729882

Policyholder: David Williams

Claim Type: Health

Claim Amount: \$38,964.00

Status: Denied

Date Filed: 6/6/2024

Client ID: CUST0021

| Code | Description | Amount |
|-------|-----------------------|-------------|
| ER007 | Equipment Replacement | \$8,578.82 |
| RC005 | Rental Car | \$6,004.52 |
| ER007 | Equipment Replacement | \$24,380.66 |
| Total | | \$38,964.00 |