

Insurance Claim Document

Claim Number: CLM-991016

Policyholder: Sarah Brown

Claim Type: Life

Claim Amount: \$14,347.00

Status: Pending

Date Filed: 6/7/2023

Client ID: CUST0015

Code	Description	Amount
CF006	Consultation Fees	\$6,318.68
ME002	Medical Expenses	\$8,028.32
Total		\$14,347.00