

Insurance Claim Document

Claim Number: CLM-690701

Policyholder: Emily Smith

Claim Type: Health

Claim Amount: \$5,838.00

Status: Approved

Date Filed: 2/8/2023

Client ID: CUST0037

Code	Description	Amount
LF004	Legal Fees	\$357.35
ER007	Equipment Replacement	\$509.49
LF004	Legal Fees	\$764.36
LF004	Legal Fees	\$1,254.96
PD003	Property Damage	\$2,951.84
Total		\$5,838.00