

Insurance Claim Document

Claim Number: CLM-122971

Policyholder: Michael Williams

Claim Type: Health

Claim Amount: \$44,857.00

Status: Under Review

Date Filed: 7/15/2021

Client ID: CUST0048

Code	Description	Amount
ME002	Medical Expenses	\$18,668.10
LF004	Legal Fees	\$26,188.90
Total		\$44,857.00