

Insurance Claim Document

Claim Number: CLM-123467

Policyholder: Sarah Garcia

Claim Type: Health

Claim Amount: \$4,054.00

Status: Denied

Date Filed: 12/13/2021

Client ID: CUST0054

| Code | Description | Amount |
|-------|------------------|------------|
| ME002 | Medical Expenses | \$76.23 |
| RC001 | Repair Costs | \$1,039.77 |
| ME002 | Medical Expenses | \$419.54 |
| RC001 | Repair Costs | \$2,518.46 |
| Total | | \$4,054.00 |