

Insurance Claim Document

Claim Number: CLM-623208

Policyholder: James Johnson

Claim Type: Health

Claim Amount: \$5,452.00

Status: Approved

Date Filed: 9/27/2022

Client ID: CUST0034

Code	Description	Amount
CF006	Consultation Fees	\$970.89
ER007	Equipment Replacement	\$4,481.11
Total		\$5,452.00