

Insurance Claim Document

Claim Number: CLM-147301

Policyholder: Michael Garcia

Claim Type: Health

Claim Amount: \$31,547.00

Status: Under Review

Date Filed: 7/5/2021

Client ID: CUST0004

Code	Description	Amount
PD003	Property Damage	\$2,198.05
ME002	Medical Expenses	\$2,425.67
CF006	Consultation Fees	\$26,923.28
Total		\$31,547.00