

Insurance Claim Document

Claim Number: CLM-854697

Policyholder: Sarah Johnson

Claim Type: Health

Claim Amount: \$20,904.00

Status: Approved

Date Filed: 2/12/2023

Client ID: CUST0011

Code	Description	Amount
CF006	Consultation Fees	\$1,069.82
PD003	Property Damage	\$5,054.22
CF006	Consultation Fees	\$617.33
ME002	Medical Expenses	\$3,171.08
RC001	Repair Costs	\$10,991.55
Total		\$20,904.00