

Insurance Claim Document

Claim Number: CLM-390859

Policyholder: Emily Johnson

Claim Type: Health

Claim Amount: \$892.00

Status: Approved

Date Filed: 2/28/2021

Client ID: CUST0074

Code	Description	Amount
PD003	Property Damage	\$140.74
ME002	Medical Expenses	\$76.26
PD003	Property Damage	\$64.28
CF006	Consultation Fees	\$610.72
Total		\$892.00