

Insurance Claim Document

Claim Number: CLM-364768

Policyholder: Sarah Jones

Claim Type: Health

Claim Amount: \$7,666.00

Status: Approved

Date Filed: 6/5/2021

Client ID: CUST0052

Code	Description	Amount
RC001	Repair Costs	\$2,579.52
CF006	Consultation Fees	\$403.25
ER007	Equipment Replacement	\$619.73
ME002	Medical Expenses	\$4,063.50
Total		\$7,666.00