

Insurance Claim Document

Claim Number: CLM-322389

Policyholder: Emily Garcia

Claim Type: Life

Claim Amount: \$33,348.00

Status: Under Review

Date Filed: 4/15/2024

Client ID: CUST0044

Code	Description	Amount
LF004	Legal Fees	\$6,273.40
ME002	Medical Expenses	\$27,074.60
Total		\$33,348.00