

Insurance Claim Document

Claim Number: CLM-861787

Policyholder: Sarah Johnson

Claim Type: Health

Claim Amount: \$4,998.00

Status: Denied

Date Filed: 11/14/2020

Client ID: CUST0006

Code	Description	Amount
ER007	Equipment Replacement	\$1,642.69
CF006	Consultation Fees	\$3,355.31
Total		\$4,998.00