

Insurance Claim Document

Claim Number: CLM-241206

Policyholder: Sarah Johnson

Claim Type: Health

Claim Amount: \$6,106.00

Status: Pending

Date Filed: 1/18/2023

Client ID: CUST0043

Code	Description	Amount
LF004	Legal Fees	\$2,256.11
PD003	Property Damage	\$3,849.89
Total		\$6,106.00