

Insurance Claim Document

Claim Number: CLM-969906

Policyholder: Emily Johnson

Claim Type: Health

Claim Amount: \$30,933.00

Status: Pending

Date Filed: 12/2/2023

Client ID: CUST0087

Code	Description	Amount
LF004	Legal Fees	\$5,012.80
ER007	Equipment Replacement	\$4,554.64
RC005	Rental Car	\$806.63
LF004	Legal Fees	\$32.83
ER007	Equipment Replacement	\$20,526.10
Total		\$30,933.00