

Insurance Claim Document

Claim Number: CLM-548700

Policyholder: Jessica Johnson

Claim Type: Health

Claim Amount: \$30,559.00

Status: Approved

Date Filed: 5/4/2020

Client ID: CUST0072

Code	Description	Amount
CF006	Consultation Fees	\$684.79
LF004	Legal Fees	\$180.21
ER007	Equipment Replacement	\$7,086.02
PD003	Property Damage	\$22,607.98
Total		\$30,559.00