

Insurance Claim Document

Claim Number: CLM-739974

Policyholder: Sarah Brown

Claim Type: Health

Claim Amount: \$46,611.00

Status: Denied

Date Filed: 3/7/2021

Client ID: CUST0002

Code	Description	Amount
ME002	Medical Expenses	\$3,276.59
LF004	Legal Fees	\$3,888.20
ER007	Equipment Replacement	\$404.81
ER007	Equipment Replacement	\$4,449.86
LF004	Legal Fees	\$34,591.55
Total		\$46,611.00