

Insurance Claim Document

Claim Number: CLM-217825

Policyholder: Sarah Garcia

Claim Type: Health

Claim Amount: \$9,983.00

Status: Denied

Date Filed: 3/23/2023

Client ID: CUST0081

Code	Description	Amount
RC001	Repair Costs	\$1,453.89
CF006	Consultation Fees	\$1,950.14
ME002	Medical Expenses	\$6,578.97
Total		\$9,983.00