

Insurance Claim Document

Claim Number: CLM-396334

Policyholder: Emily Garcia

Claim Type: Health

Claim Amount: \$18,133.00

Status: Under Review

Date Filed: 3/24/2021

Client ID: CUST0029

Code	Description	Amount
PD003	Property Damage	\$608.20
RC001	Repair Costs	\$2,506.25
ER007	Equipment Replacement	\$203.77
PD003	Property Damage	\$4,704.10
PD003	Property Damage	\$10,110.68
Total		\$18,133.00