

Insurance Claim Document

Claim Number: CLM-760329

Policyholder: Emily Garcia

Claim Type: Health

Claim Amount: \$34,868.00

Status: Pending

Date Filed: 6/25/2021

Client ID: CUST0059

Code	Description	Amount
LF004	Legal Fees	\$969.72
ER007	Equipment Replacement	\$4,587.99
RC005	Rental Car	\$8,140.40
RC005	Rental Car	\$21,169.90
Total		\$34,868.00