

Insurance Claim Document

Claim Number: CLM-687578

Policyholder: James Jones

Claim Type: Health

Claim Amount: \$17,332.00

Status: Denied

Date Filed: 1/3/2022

Client ID: CUST0012

Code	Description	Amount
PD003	Property Damage	\$1,540.11
LF004	Legal Fees	\$517.66
CF006	Consultation Fees	\$4,026.24
ER007	Equipment Replacement	\$11,248.00
Total		\$17,332.00