

Insurance Claim Document

Claim Number: CLM-261011

Policyholder: Emily Jones

Claim Type: Health

Claim Amount: \$19,782.00

Status: Under Review

Date Filed: 5/2/2023

Client ID: CUST0022

Code	Description	Amount
CF006	Consultation Fees	\$553.10
ME002	Medical Expenses	\$9,135.36
ME002	Medical Expenses	\$10,093.54
Total		\$19,782.00