

Insurance Claim Document

Claim Number: CLM-696105

Policyholder: Michael Garcia

Claim Type: Health

Claim Amount: \$43,902.00

Status: Approved

Date Filed: 6/28/2020

Client ID: CUST0057

Code	Description	Amount
PD003	Property Damage	\$77.46
LF004	Legal Fees	\$14,753.42
RC001	Repair Costs	\$29,071.12
Total		\$43,902.00