

Insurance Claim Document

Claim Number: CLM-423343

Policyholder: David Johnson

Claim Type: Health

Claim Amount: \$21,477.00

Status: Pending

Date Filed: 11/11/2023

Client ID: CUST0041

Code	Description	Amount
RC005	Rental Car	\$3,167.61
LF004	Legal Fees	\$6,568.41
ER007	Equipment Replacement	\$11,740.99
Total		\$21,477.00