

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000004

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

## HEALTH INSURANCE CLAIM

Claim Date: May 14, 2020

### ■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN00000004	June 01, 2020 at 12:00 AM	AGENT00278

Vendor ID	Policy Effective Date
VNDR00075	November 29, 2016

### ■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC00009292	A00007572	Health

Customer Name

Steven Bassett

Address Line 1	Address Line 2
2803 River Drive	N/A

City	State	Postal Code
Thunderbolt	GA	31404

SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-1861	36	Yes	16 months	Masters

Employed	Family Members	House Type	Social Class
Yes	7	Mortgage	MI

### ■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 14, 2020	May 19, 2020	12:00

Incident City	Incident State	Severity
Savannah	GA	Minor Loss

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Authority Contacted	Any Injury	Police Report
Ambulance	No	No

### ■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$172.87	\$16,000.00	A

Routing Number	Account (Masked)	Risk Segment
18429110	*****1397	L

#### Financial Summary:

- Total Claim Amount: \$16,000.00
- Monthly Premium: \$172.87
- Risk Category: L
- Status: A

### ■ HEALTH INSURANCE CLAIM DETAILS

#### Medical Claim Information:

- Treatment Date: May 14, 2020
- Claim Amount: \$16,000.00
- Premium Amount: \$172.87
- Incident Severity: Minor Loss
- Authority Contacted: Ambulance
- Injury Reported: No

#### Required Documents for Health Insurance Claim:

- Medical Bills and Invoices
- Prescription Receipts
- Doctor's Certificate
- Diagnostic Reports (Lab/X-ray/MRI)
- Discharge Summary (if hospitalized)
- Insurance Card Copy
- Claim Form
- KYC Documents

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### ■ DECLARATION & AUTHORIZATION

#### DECLARATION:

I hereby declare that all the information provided in this claim form is true, complete, and accurate to the best of my knowledge and belief. I have not withheld any material information that may influence the assessment or settlement of this claim.

#### AUTHORIZATION:

I authorize Premier Insurance Group and its representatives to investigate this claim, including obtaining information from medical providers, employers, government agencies, and any other relevant parties. I understand that any false statement or misrepresentation may result in denial of the claim and may subject me to legal action.

#### ACKNOWLEDGMENT:

I acknowledge that the settlement of this claim is subject to the terms, conditions, and exclusions of my insurance policy.

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Policyholder Signature

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Date

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Witness Signature

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Date