

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500002

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

## HEALTH INSURANCE CLAIM

Claim Date: December 06, 2025

### ■ TRANSACTION INFORMATION

| Transaction ID | Transaction Date              | Agent ID   |
|----------------|-------------------------------|------------|
| TXN55500002    | December 08, 2025 at 10:30 AM | AGENT00278 |

| Vendor ID | Policy Effective Date |
|-----------|-----------------------|
| VNDR00075 | August 20, 2023       |

### ■ POLICYHOLDER COMPLETE INFORMATION

| Policy Number | Customer ID | Insurance Type |
|---------------|-------------|----------------|
| PLC55500002   | A55500002   | Health         |

Customer Name

Jennifer Martinez

| Address Line 1          | Address Line 2 |
|-------------------------|----------------|
| 2845 North Campbell Ave | N/A            |

| City   | State | Postal Code |
|--------|-------|-------------|
| Tucson | AZ    | 85719       |

| SSN         | Age | Marital | Tenure    | Education |
|-------------|-----|---------|-----------|-----------|
| 245-67-8901 | 38  | S       | 16 months | Master    |

| Employed | Family Members | House Type | Social Class |
|----------|----------------|------------|--------------|
| Yes      | 2              | Rent       | MI           |

### ■ COMPLETE INCIDENT DETAILS

| Loss Date         | Report Date       | Hour of Day |
|-------------------|-------------------|-------------|
| December 06, 2025 | December 07, 2025 | 10:00       |

| Incident City | Incident State | Severity |
|---------------|----------------|----------|
| Tucson        | AZ             | Minor    |

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500002

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

## HEALTH INSURANCE CLAIM

Claim Date: December 06, 2025

| Authority Contacted | Any Injury | Police Report |
|---------------------|------------|---------------|
| N/A                 | No         | No            |

### ■ FINANCIAL & RISK INFORMATION

| Premium Amount | Claim Amount | Claim Status |
|----------------|--------------|--------------|
| \$152.00       | \$4,200.00   | Pending      |

| Routing Number | Account (Masked) | Risk Segment |
|----------------|------------------|--------------|
| 234567890      | *****6123        | M            |

#### Financial Summary:

- Total Claim Amount: \$4,200.00
- Monthly Premium: \$152.00
- Risk Category: M
- Status: Pending

### ■ HEALTH INSURANCE CLAIM DETAILS

#### Medical Claim Information:

- Provider Name: Tucson Family Clinic
- Diagnosis Code: K59.00
- Procedure Code: 99213.0
- Treatment Date: December 06, 2025
- Claim Amount: \$4,200.00
- Premium Amount: \$152.00
- Incident Severity: Minor
- Authority Contacted: nan
- Injury Reported: No

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500002

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

## HEALTH INSURANCE CLAIM

Claim Date: December 06, 2025

### 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

### ■ 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.

Policyholder Signature

Date

Witness Signature

Date