

# 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

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## HEALTH INSURANCE CLAIM

Claim Date: December 06, 2025

### Authority Contacted

N/A

### Any Injury

No

### Police Report

No

## ■ FINANCIAL & RISK INFORMATION

### Premium Amount

\$152.00

### Claim Amount

\$4,200.00

### Claim Status

Pending

### Routing Number

234567890

### Account (Masked)

•••••••6123

### Risk Segment

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



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## 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