

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500001

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

## HEALTH INSURANCE CLAIM

Claim Date: December 05, 2025

### ■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500001	December 08, 2025 at 09:15 AM	AGENT00413

Vendor ID	Policy Effective Date
VNDR00556	March 15, 2024

### ■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC55500001	A00003822	Health

Customer Name

Christopher Demarest

Address Line 1	Address Line 2
7701 West Saint John Road	#2010

City	State	Postal Code
Glendale	AZ	85308

SSN	Age	Marital	Tenure	Education
087-11-1946	54	Yes	89 months	Bachelor

Employed	Family Members	House Type	Social Class
Yes	3	Own	LI

### ■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
December 05, 2025	December 06, 2025	14:00

Incident City	Incident State	Severity
Glendale	AZ	Major

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500001

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

## HEALTH INSURANCE CLAIM

Claim Date: December 05, 2025

Authority Contacted	Any Injury	Police Report
Police	No	Yes

### ■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$165.50	\$8,500.00	Pending

Routing Number	Account (Masked)	Risk Segment
109134974	*****8465	L

#### Financial Summary:

- Total Claim Amount: \$8,500.00
- Monthly Premium: \$165.50
- Risk Category: L
- Status: Pending

### ■ HEALTH INSURANCE CLAIM DETAILS

#### Medical Claim Information:

- Provider Name: Arizona Medical Center
- Diagnosis Code: J18.9
- Procedure Code: 99285.0
- Treatment Date: December 05, 2025
- Claim Amount: \$8,500.00
- Premium Amount: \$165.50
- Incident Severity: Major
- Authority Contacted: Police
- Injury Reported: No

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500001

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

## HEALTH INSURANCE CLAIM

Claim Date: December 05, 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