HEALTH INSURANCE POLICY DOCUMENT

# Policy Information

|  |  |
| --- | --- |
| Policy Number: | POL-789456123 |
| Policy Holder: | John Anderson |
| Coverage Amount: | $500,000 |
| Policy Start Date: | 2023-01-01 |
| Deductible: | $1,000 |

# Coverage Details

This policy provides comprehensive health insurance coverage including:

* Hospitalization expenses
* Surgical procedures
* Emergency medical treatment
* Diagnostic tests and laboratory services
* Prescription medications
* Specialist consultations

# General Exclusions

The following conditions and treatments are excluded from coverage:

* HIV/AIDS and related treatments
* Parkinson's disease
* Alzheimer's disease
* Pregnancy and childbirth
* Substance abuse treatment
* Self-inflicted injuries
* Sexually transmitted diseases (STDs)
* Pre-existing conditions (within first 12 months)

# Claims Filing Process

To file a claim, the policy holder must submit the following documents:  
   
 1. Completed claim form with policy holder signature  
 2. Original medical bills and invoices  
 3. Medical reports including diagnosis and treatment details  
 4. Prescription copies (if applicable)  
 5. Discharge summary (for hospitalization)  
   
 Claims must be filed within 30 days of treatment completion.