

# TrustShield Corp

Professional Insurance Services

## INSURANCE CLAIM FORM

Denied

Priority: Low

### Claim Information

Claim ID: CLM-000012  
Policy ID: POL-HEESNPEDD  
Incident Type: Medical Claim  
Incident Date: 2024-02-27  
Report Date: 2024-03-27

### Contact Information

Claimant: Kelly Ford  
Adjuster: Gina McCoy  
Phone: +1-204-206-0822  
Email: mmortondavid@example.net  
Address: 1683 Sanchez Summit, Port Josephchester, FL 41222

### Incident Description

Emergency emergency surgery was needed after the insured tripped over loose carpet at Johnville.

*Additional documentation and police reports have been filed with the appropriate authorities. All supporting evidence has been collected and is available for review upon request.*

### Expense Breakdown

| Category           | Description             | Amount    |
|--------------------|-------------------------|-----------|
| Hospital           | Surgery                 | \$166.49  |
| Medication         | Medical supplies        | \$662.65  |
| Specialist         | Specialist consultation | \$918.40  |
| Hospital           | Lab tests               | \$312.55  |
| Specialist         | Follow-up visits        | \$405.94  |
| Total Claim Amount |                         | \$2466.03 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

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**TrustShield Corp**

1234 Insurance Blvd, Suite 100, Financial District, NY 10001  
Phone: 1-800-CLAIMS-1 | Email: [claims@trustshield.com](mailto:claims@trustshield.com)  
[www.trustshield.com](http://www.trustshield.com)

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