

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000024
Policy ID: POL-EWFFYSFBD
Incident Type: Medical Claim
Incident Date: 2025-01-24
Report Date: 2025-02-01

Contact Information

Claimant: Christine McMahon
Adjuster: Jessica McBride
Phone: (478)550-1034x53170
Email: ahanna@example.com
Address: 32196 Bender Tunnel Apt. 220, Rebeccafort, WY 74297

Incident Description

The insured required emergency surgery for pneumonia at New Sydneyside General Hospital, resulting in a 5-day hospital stay under the care of Dr. Nancy Chung.

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	Lab tests	\$204.49
Medication	Prescription drugs	\$150.22
Hospital	Hospital stay	\$718.42
Medication	Pain medication	\$290.87
Hospital	Surgery	\$224.83
Total Claim Amount		\$1588.83

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@trustshield.com
www.trustshield.com

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