

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000027
Policy ID: POL-QNPLBZGCA
Incident Type: Medical Claim
Incident Date: 2024-07-23
Report Date: 2024-08-03

Contact Information

Claimant: Brandon Li
Adjuster: Melinda Thomas
Phone: 519-345-5674
Email: david63@example.com
Address: PSC 2207, Box 6466, APO AE 77318

Incident Description

Treatment for a sustained during mechanical failure required and weeks of physical therapy.

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
Specialist	Physical therapy	\$335.42
Specialist	Physical therapy	\$635.17
Hospital	Hospital stay	\$840.94
Total Claim Amount		\$1811.53

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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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