

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000069
Policy ID: POL-WNKQDIGCJ
Incident Type: Medical Claim
Incident Date: 2025-08-10
Report Date: 2025-08-17

Contact Information

Claimant: Mke Davis
Adjuster: Judith Christensen
Phone: +1-414-711-9023
Email: wsimmons@example.net
Address: 079 Maldonado Square, Port Jasontown, NC 51101

Incident Description

The insured required emergency surgery for appendicitis at Lake Corey Medical Center, resulting in a 5-day hospital stay under the care of Dr. Christina Williams.

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	\$1005.01
Hospital	Hospital stay	\$278.62
Medication	Medical supplies	\$1009.17
Total Claim Amount		\$2292.80

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

Form *CL-4546* | Rev. 2025 | Generated: 2025-09-07 00:29