

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000086
Policy ID: POL-XBLRVMUQ
Incident Type: Medical Claim
Incident Date: 2025-06-09
Report Date: 2025-06-13

Contact Information

Claimant: Marc Hunt
Adjuster: Kelly Gibson
Phone: 422-889-1901
Email: becklaura@example.com
Address: 7968 Charles Road, Port Diane, MI 51977

Incident Description

The insured was diagnosed with heart condition and required hospitalization at Lake Kevin General Hospital and follow-up care with Dr. Laura Ward.
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
Medication	Prescription drugs	\$53.53
Hospital	Lab tests	\$322.26
Specialist	Specialist consultation	\$205.08
Specialist	Physical therapy	\$247.92
Hospital	Hospital stay	\$86.29
Hospital	Emergency room	\$595.35
Total Claim Amount		\$1510.43

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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