

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: mortondavid@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: _____

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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