

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000036
Policy ID: POL-ZUVQYLGES
Incident Type: Medical Claim
Incident Date: 2024-02-17
Report Date: 2024-02-17

Contact Information

Claimant: Julian Orozco
Adjuster: Debbie Nolan
Phone: 699.591.6981x07587
Email: ostewart@example.net
Address: 69450 Snyder Track, East Tracybury, AK 80696

Incident Description

Emergency MRI scan was needed after the insured tripped over loose carpet at Hernandezstad.
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	Pain medication	\$456.07
Specialist	Physical therapy	\$103.29
Medication	Pain medication	\$887.16
Medication	Medical supplies	\$271.45
Hospital	Lab tests	\$631.87
Total Claim Amount		\$2349.84

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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www.safehaven.com

| Rev. 2024 | Generated: 2025-09-07 00:29