

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000052
Policy ID: POL-LHUKDZLDN
Incident Type: Medical Claim
Incident Date: 2025-07-23
Report Date: 2025-07-29

Contact Information

Claimant: Tiffany Garcia
Adjuster: Rebecca Wood
Phone: (433)685-8790
Email: jackanderson@example.org
Address: 975 Carlos Groves, Juliaside, WA 88614

Incident Description

The insured was diagnosed with pneumonia and required hospitalization at Mchaelchester Medical Center and follow-up care with Dr. Dylan Johns.

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	\$370.47
Hospital	Surgery	\$703.82
Hospital	Lab tests	\$317.04
Medication	Medical supplies	\$311.25
Hospital	Surgery	\$1677.86
Total Claim Amount		\$3380.44

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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