

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Medium

Claim Information

Claim ID: CLM-000089
Policy ID: POL-PXPGFOMCX
Incident Type: Medical Claim
Incident Date: 2025-04-25
Report Date: 2025-05-18

Contact Information

Claimant: Gary Adams
Adjuster: Amy Gonzalez
Phone: 2259791884
Email: cochrancrystal@example.com
Address: 33076 Patrick Well, Michaelmouth, WV 54388

Incident Description

Treatment for a sustained during mechanical failure required and weeks of physical therapy.

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	Hospital stay	\$242.51
Hospital	Lab tests	\$537.58
Medication	Prescription drugs	\$512.24
Specialist	Follow-up visits	\$692.68
Total Claim Amount		\$1985.01

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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