

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved Priority: Low

Claim Information

Claim ID: CLM-000094
Policy ID: POL-SFURFFNOC
Incident Type: Medical Claim
Incident Date: 2024-01-28
Report Date: 2024-02-19

Contact Information

Claimant: Stephen Hughes
Adjuster: Jeffery Anderson
Phone: 8826893061
Email: jill40@example.org
Address: 83071 Nicholas Dale, Reyesshire, VT 83646

Incident Description

Emergency cardiac procedure was needed after the insured fell on icy steps at Josephfurt.
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	\$1007.14
	Follow-up visits	\$392.89
Specialist	Pain medication	\$320.65
Medication	Emergency room	\$101.69
Hospital	Medical supplies	\$142.03
Medication		\$1964.40
Total Claim Amount		

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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