

ClearPath Coverage

Professional Insurance Services

Insurance Claim Form

Approved Priority: Medium

Claim Information

Claim ID: **CLM-000001**
Policy ID: POL-XDJV3HGU
Incident Type: Medical Claim
Incident Date: 2024-06-03
Report Date: 2024-06-03

Contact

Claimant: Kara Wilkinson
Adjuster: Dr. Darlene Little
Phone: 370.313.9408 x24791
Email: Ralph.Sanford17@hotmail.com
Address: 417 W 6th Avenue, Sugar Land, South Dakota

Incident Description

The insured required emergency surgery for appendicitis, resulting in a 3-day hospital stay.

Expense Breakdown

Category	Description	Amount
Hospital	Lab tests	\$575.00
Hospital	Emergency room	\$1172.36
Total Claim Amount		\$1747.36

Claimant Signature

Adjuster Signature

ClearPath Coverage | 1234 Insurance Blvd, Suite 100
Phone: 1-800-CLAIMS-1 | Email: claims@company.com