

Health Insurance Claim Statement

Date of Issue: 12/06/2024

Statement No.: HICS-2024-07123

Insured Member Information

Policyholder Name: Jane Doe
Policy Number: HI-987654321
Date of Birth: 12-Feb-1984
Contact Number: +1 555 234 1234
Address: 123 Maple Avenue, Cityville, State, 11220

Claim Details

Claim Reference	Date of Claim	Type of Claim	Hospital Name	Status
CLM-2024-00256	06-Jun-2024	Inpatient Treatment	City Hospital Center	Approved

Claim Breakdown

Description	Claimed Amount (USD)	Approved Amount (USD)
Room Charges	1,000.00	1,000.00
Doctor Consultation	350.00	350.00
Medication	180.00	130.00
Laboratory Tests	220.00	220.00
Surgical Fees	2,100.00	2,000.00
Total	3,850.00	3,700.00

Payment Details

Payment Mode: Bank Transfer
Date of Payment: 10-Jun-2024
Amount Paid: USD 3,700.00
Bank Transaction Reference: BANKTX202406100045

Important Notes

- This statement is provided for your record and does not constitute a settlement receipt.
- Any disallowed or partially paid claims are subject to policy terms and conditions.
- Please retain copies of all medical reports and receipts for future reference.
- Contact the insurer's customer support for any queries or clarifications regarding this claim.