

# 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
<b>Total</b>	<b>3,850.00</b>	<b>3,700.00</b>

## 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.