

# Simplified Claim Summary

## Claim Details

Claim Number	SC-2024-15678
Date of Submission	2024-06-18
Policyholder Name	Jane Doe
Policy Number	PL-8973-0021
Type of Claim	Medical Reimbursement

## Claim Items

Description	Date	Amount
Consultation Fee	2024-06-10	\$120.00
Prescription Medication	2024-06-11	\$65.00
Laboratory Test	2024-06-12	\$80.00

## Claim Summary

Total Claimed Amount	\$265.00
Amount Approved	\$250.00
Status	Approved with Adjustment

## Important Notes

- This summary provides an overview of claim items and approval status.
- Detailed supporting documents should be retained for reference or audit purposes.
- Any discrepancies must be reported within 14 days from the notice date.
- Approved amount may differ from claimed amount subject to policy terms and limits.