



Client Name: Test Case
Policy ID: 1234567890
Face Amount: \$0.00
Claim Amount: *If a Disability Claim*

APPLIED FOR:
Preferred Non Tobacco

Client Demographics

Most Recent Details

Client Age: -- **Height:** 6 ft 0 in (10/2021) **Visit:** 12/2021 **TC:** 126 (3/2018) **A1c:** --
Client DOB: -- **Weight:** 196 lbs. (10/2021) **EKG:** -- **HDL:** 30 (L) (3/2018) **GLUC:** 89 (3/2018)
Client Gender: F **BMI:** 26.55 (10/2021) **Lab:** 3/2018 **TC/HDL:** 4.2 (H) (3/2018) **CREAT:** 0.87 (3/2018)

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Sample

Date Submitted: 10/30/2022

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