Medical Practice Total Loss Inventory List

Practice Name: VitalCare Medical Center Date of Incident: March 15, 2023 Claim Reference Number: VC-2023-001

General Information

Name of Medical Professional/Practice: Dr. Emily Rodriguez

Address: 456 Health Avenue, Citytown, State, ZIP

Phone Number: (555) 987-6543 Email: dr.rodriguez@vitalcaremed.com

Insurance Information

Insurance Company: HealthGuard Insurances

Policy Number: : HG-123456

Claim Adjuster's Name (if known): Lisa Thompson

Claim Adjuster's Contact Information: (555) 123-4567, lisa.thompson@healthguardinsurances.com

Item Description	Quantity	Model Number	Serial Number	Original Cost ($)	Estimated Current Value ($)	Condition Before Loss	Supporting Documents (Attach Receipts/Invoices, Photos, etc.)
X-ray Machine	1	XR-2023	SN-VC-001	$80,000	$70,000	Excellent	[Attached Documents]
Examination Bed	3	EB-4567	SN-VC-002	$2,500 each	$1,800 each	Good	[Attached Documents]

Item Description	Quantity	Model Number	Serial Number	Original Cost ($)	Estimated Current Value ($)	Condition Before Loss	Supporting Documents (Attach Receipts/Invoices, Photos, etc.)
Laptop Computers	3	Dell Latitude	SN-VC-002	$1,200 each	$800 each	Good	[Attached Documents]

Replacement Plan

Replacement Priority

X-ray Machine

Examination Beds

Laptop Computers

Timeline for Replacement

X-ray Machine: Within 3 months

Examination Beds: Within 1 month

Laptop Computers: Within 2 weeks

Signatures

I, the undersigned, confirm the accuracy of the information provided in this Total Loss Inventory List.

Signature: Dr. Emily Rodriguez
Date: March 20, 2023