# STUDENT 9 – Digital Health Insurance and Claim Settlement System

Case Study Description

This Health Insurance Platform manages policyholders, hospitals, claims, medical

services, assessors, and payments. It automates claim validation and ensures

accurate and timely reimbursements for insured clients.

Tables to Create

1. PolicyHolder(HolderID, FullName, Contact, NationalID, PlanType, JoinDate)

2. Hospital(HospitalID, Name, Address, Contact, Type)

3. Claim(ClaimID, HolderID, HospitalID, DateFiled, AmountClaimed, Status)

4. Service(ServiceID, ClaimID, Description, Cost, ServiceDate)

5. Assessor(AssessorID, FullName, Department, Contact, Region)

6. Payment(PaymentID, ClaimID, AssessorID, Amount, PaymentDate, Method)

Relationships

• PolicyHolder → Claim (1:N)

• Hospital → Claim (1:N)

• Claim → Service (1:N)

• Claim → Payment (1:1)

• Assessor → Payment (1:N)

Tasks to Perform

1. Create all tables with data validation and referential integrity rules.

2. Apply CASCADE DELETE between Claim → Service.

3. Insert 5 hospitals, 10 policyholders, and 10 claims.

4. Retrieve total approved claim amounts per hospital.

5. Update payment records after approval.

6. Identify hospitals with the highest claim frequency.

7. Create a view summarizing claim settlements by assessor.

8. Implement a trigger that rejects claim insertion if amount exceeds plan

limit.