

Insurance Claim Form - CLEAN STATUS

Claim No CLM/2024/555555

Policy Holder Name Ravi Sharma

Hospital Name Max Healthcare

Region North India

State Delhi

Pincode 110092

Disease Cardiovascular

Treatment Angioplasty

Claimed Amount ₹3500

Date of Treatment 25-Jan-2024

Patient Details

☐ Age: 30

☐ Gender: Male

☐ Contact: 9876543210

Additional Notes: Treatment for bacterial infection with prescribed antibiotics and supportive care.