

## **Insurance Claim Form**

**Claim No** CLM/2024/555555

**Policy Holder Name** Ravi Sharma

**Hospital Name** Hinduja Hospital

**Region** West India

**State** Mumbai, Maharashtra

**Pincode** 400016

**Disease** Cardiovascular

**Treatment** Brain Surgery

**Claimed Amount** 40,000

**Date of Treatment** 25-Jan-2024

**Patient Details** Age: 30

☐ Gender: Male

☐ Contact: 9876543210

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