

# Insurance Claim Form - CLEAN STATUS

**Claim No:** CLM/2024/001234

**Policy Holder Name:** Rajesh Kumar

**Hospital Name:** Apollo Hospital

**Disease:** Diabetes

**Treatment:** Insulin Therapy

**Claimed Amount:** ₹25000

**Date of Treatment:** 15-Jan-2024

**Patient Details:**

- Age: 45
- Gender: Male
- Contact: 9876543210

**Additional Notes:** Regular treatment for Type 2 Diabetes with insulin therapy and dietary management.