

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.