

Insurance Claim Form

Claim No CLM/2024/555555

Policy Holder Name Ravi Sharma

Hospital Name Hinduja Hospital

Region North India

State Delhi

Pincode 110005

Disease Cardiovascular

Treatment Angioplasty

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.