

## **Insurance Claim Form - CLEAN STATUS**

**Claim No** CLM/2024/555555

**Policy Holder Name** Ravi Sharma

**Hospital Name** Hinduja Hospital

**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.