**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.