**Insurance Claim Form**

**Claim No** CLM/2024/555555

**Policy Holder Name** Ravi Sharma

**Hospital Name** Hinduja Hospital

**Region** West India

**State** Mumbai, Maharashtra

**Pincode** 400016

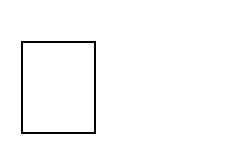
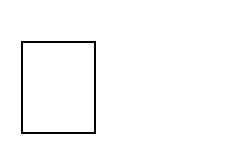
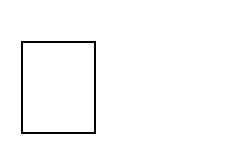
**Disease** Cardiovascular

**Treatment** Angioplasty

**Claimed Amount** 40,000

**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.