



## Insurance - Claim Summary

**Patient Name:** Priya

**Policy No.:** INS-HLTH-2025-9983

**Claim ID:** CLM-APR-1266

**Date of Service:** 2025-06-26

**Provider:** Apollo Hospitals



### Claim Breakdown

**Description Amount (INR)**

Consultation Charges ₹500

Diagnostic Lab Tests ₹950

Medicines (Pharmacy) ₹850

Total Claimed ₹2,300

Approved Amount ₹2,000

### Status:



Approved

Payment Method: Direct to Provider

Date Processed: 2025-06-28