

Medical Bill

Insurance Claim Form

form_name: HealthClaimForm2024

policy_no: IND-2025-0004

age: 42

hospital_name: Apollo Hospital

date_of_admission: 2025-06-01

date_of_discharge: 2025-06-10

reason_for_admission: Severe abdominal pain

treatment_provided: Appendectomy

billing_summary: Includes surgery, medication, and 9-day hospital stay