
Health Claim Form

Claim ID: CLM-2025-01-0033-HEA

Policy Number: POL-400033

Insurance Start Date: 2025-06-06

Insurance Expiry Date: 2027-02-11

Incident Type: Outpatient care

Incident Date: 2025-09-20

Location: Indore

Patient ID: PID-698894

Hospital Code: HOSP-8004

Injuries Reported: True

Estimated Damage Cost: -101924

Diagnosis: Fracture

Hospital: City Care