
Health Claim Form

Claim ID: CLM-2025-01-0036-HEA
Policy Number: POL-400036
Insurance Start Date: 2024-12-06
Insurance Expiry Date: 2026-06-05
Incident Type: Outpatient care
Incident Date: 2025-09-26
Location: Nagpur
Patient ID: PID-802216
Hospital Code: HOSP-6845
Injuries Reported: True
Estimated Damage Cost: -197471
Diagnosis: Fracture
Hospital: City Care