
Health Claim Form

Claim ID: CLM-2025-01-0048-HEA

Policy Number: POL-400048

Insurance Start Date: 2024-10-25

Insurance Expiry Date: 2026-03-29

Incident Type: Surgery

Incident Date: 2025-02-15

Location: Bhopal

Patient ID: PID-124269

Hospital Code: HOSP-5004

Injuries Reported: True

Estimated Damage Cost: -189666

Diagnosis: Fracture

Hospital: City Care