

Health Claim Form

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Claim ID: CLM-2025-01-0078-HEA  
Policy Number: POL-400078  
Insurance Start Date: 2024-09-15  
Insurance Expiry Date: 2025-12-26  
Incident Type: Surgery  
Incident Date: 2025-02-06  
Location: Bhopal  
Patient ID: PID-544119  
Hospital Code: HOSP-9272  
Injuries Reported: True  
Estimated Damage Cost: -89407  
Diagnosis: Fracture  
Hospital: City Care