
Health Claim Form

Claim ID: CLM-2025-01-0022-HEA

Policy Number: POL-400022

Insurance Start Date: 2024-11-01

Insurance Expiry Date: 2026-05-17

Incident Type: Surgery

Incident Date: 2025-04-06

Location: Pune

Patient ID: PID-265974

Hospital Code: HOSP-3791

Injuries Reported: True

Estimated Damage Cost: -191679

Diagnosis: Fracture

Hospital: City Care