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Health Claim Form

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Claim ID: CLM-2025-01-0077-HEA

Policy Number: POL-400077

Insurance Start Date: 2025-05-19

Insurance Expiry Date: 2026-09-24

Incident Type: Outpatient care

Incident Date: 2025-09-13

Location: Nashik

Patient ID: PID-205874

Hospital Code: HOSP-5121

Injuries Reported: True

Estimated Damage Cost: .218715

Diagnosis: Fracture

Hospital: City Care