

Health Claim Form

Claim ID: CLM-2025-01-0024-HEA
Policy Number: POL-400024
Insurance Start Date: 2024-09-10
Insurance Expiry Date: 2026-08-12
Incident Type: Hospitalization
Incident Date: 2025-01-25
Location: Nashik
Patient ID: PID-469358
Hospital Code: HOSP-7840
Injuries Reported: True
Estimated Damage Cost: -99586
Diagnosis: Fracture
Hospital: City Care