
Health Claim Form

Claim ID: CLM-2025-01-0071-HEA
Policy Number: POL-400071
Insurance Start Date: 2024-11-11
Insurance Expiry Date: 2026-08-04
Incident Type: Hospitalization
Incident Date: 2025-04-18
Location: Bhopal
Patient ID: PID-931510
Hospital Code: HOSP-3358
Injuries Reported: True
Estimated Damage Cost: -154349
Diagnosis: Fracture
Hospital: City Care