
Health Claim Form

Claim ID: CLM-2025-01-0038-HEA
Policy Number: POL-400038
Insurance Start Date: 2024-11-30
Insurance Expiry Date: 2025-07-16
Incident Type: Hospitalization
Incident Date: 2025-06-28
Location: Pune
Patient ID: PID-674568
Hospital Code: HOSP-6746
Injuries Reported: True
Estimated Damage Cost: -99446
Diagnosis: Fracture
Hospital: City Care