
Health Claim Form

Claim ID: CLM-2025-01-0023-HEA
Policy Number: POL-400023
Insurance Start Date: 2024-10-16
Insurance Expiry Date: 2026-07-08
Incident Type: Hospitalization
Incident Date: 2025-05-06
Location: Bhopal
Patient ID: PID-872525
Hospital Code: HOSP-9226
Injuries Reported: True
Estimated Damage Cost: -224495
Diagnosis: Fracture
Hospital: City Care