
Health Claim Form

Claim ID: CLM-2025-01-0009-HEA
Policy Number: POL-400009
Insurance Start Date: 2024-10-25
Insurance Expiry Date: 2026-01-23
Incident Type: Surgery
Incident Date: 2025-10-07
Location: Indore
Patient ID: PID-878831
Hospital Code: HOSP-4977
Injuries Reported: True
Estimated Damage Cost: -138326
Diagnosis: Fracture
Hospital: City Care