
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