
Health Claim Form

Claim ID: CLM-2025-01-0055-HEA
Policy Number: POL-400055
Insurance Start Date: 2024-07-28
Insurance Expiry Date: 2025-09-06
Incident Type: Surgery
Incident Date: 2025-03-13
Location: Nagpur
Patient ID: PID-699038
Hospital Code: HOSP-9719
Injuries Reported: True
Estimated Damage Cost: -48685
Diagnosis: Fracture
Hospital: City Care