
Health Claim Form

Claim ID: CLM-2025-01-0017-HEA
Policy Number: POL-400017
Insurance Start Date: 2024-03-10
Insurance Expiry Date: 2025-06-13
Incident Type: Surgery
Incident Date: 2025-02-15
Location: Pune
Patient ID: PID-502706
Hospital Code: HOSP-1509
Injuries Reported: True
Estimated Damage Cost: -74224
Diagnosis: Fracture
Hospital: City Care