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Health Claim Form

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Claim ID: CLM-2025-01-0094-HEA

Policy Number: POL-400094

Insurance Start Date: 2025-03-03

Insurance Expiry Date: 2025-12-17

Incident Type: Outpatient care

Incident Date: 2025-09-15

Location: Nashik

Patient ID: PID-725472

Hospital Code: HOSP-9057

Injuries Reported: True

Estimated Damage Cost: 164359

Diagnosis: Fracture

Hospital: City Care