

Health Claim Form

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Claim ID: CLM-2025-01-0085-HEA  
Policy Number: POL-400085  
Insurance Start Date: 2024-10-16  
Insurance Expiry Date: 2026-01-31  
Incident Type: Surgery  
Incident Date: 2025-04-09  
Location: Nagpur  
Patient ID: PID-129042  
Hospital Code: HOSP-4820  
Injuries Reported: True  
Estimated Damage Cost: -99151  
Diagnosis: Fracture  
Hospital: City Care