
Health Claim Form

Claim ID: CLM-2025-01-0050-HEA

Policy Number: POL-400050

Insurance Start Date: 2024-11-04

Insurance Expiry Date: 2026-04-07

Incident Type: Surgery

Incident Date: 2025-03-20

Location: Nashik

Patient ID: PID-536295

Hospital Code: HOSP-2143

Injuries Reported: True

Estimated Damage Cost: -241819

Diagnosis: Fracture

Hospital: City Care