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Health Claim Form

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Claim ID: CLM-2025-01-0010-HEA

Policy Number: POL-400010

Insurance Start Date: 2025-04-13

Insurance Expiry Date: 2027-03-08

Incident Type: Surgery

Incident Date: 2025-09-15

Location: Nashik

Patient ID: PID-182485

Hospital Code: HOSP-4500

Injuries Reported: True

Estimated Damage Cost: .202955

Diagnosis: Fracture

Hospital: City Care