
Health Claim Form

Claim ID: CLM-2025-01-0059-HEA
Policy Number: POL-400059
Insurance Start Date: 2024-10-07
Insurance Expiry Date: 2026-08-13
Incident Type: Outpatient care
Incident Date: 2025-09-23
Location: Pune
Patient ID: PID-218673
Hospital Code: HOSP-8120
Injuries Reported: True
Estimated Damage Cost: -247949
Diagnosis: Fracture
Hospital: City Care