
Health Claim Form

Claim ID: CLM-2025-01-0091-HEA

Policy Number: POL-400091

Insurance Start Date: 2024-11-02

Insurance Expiry Date: 2026-03-03

Incident Type: Outpatient care

Incident Date: 2025-06-19

Location: Bhopal

Patient ID: PID-103582

Hospital Code: HOSP-2936

Injuries Reported: True

Estimated Damage Cost: -122885

Diagnosis: Fracture

Hospital: City Care