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Health Claim Form

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Claim ID: CLM-2025-01-0072-HEA

Policy Number: POL-400072

Insurance Start Date: 2024-05-17

Insurance Expiry Date: 2025-06-21

Incident Type: Outpatient care

Incident Date: 2025-05-04

Location: Nagpur

Patient ID: PID-593524

Hospital Code: HOSP-2243

Injuries Reported: True

Estimated Damage Cost: .97089

Diagnosis: Fracture

Hospital: City Care