
Health Claim Form

Claim ID: CLM-2025-01-0080-HEA

Policy Number: POL-400080

Insurance Start Date: 2024-01-31

Insurance Expiry Date: 2025-02-28

Incident Type: Hospitalization

Incident Date: 2025-01-05

Location: Nashik

Patient ID: PID-201377

Hospital Code: HOSP-9523

Injuries Reported: True

Estimated Damage Cost: -194248

Diagnosis: Fracture

Hospital: City Care