
Health Claim Form

Claim ID: CLM-2025-01-0040-HEA

Policy Number: POL-400040

Insurance Start Date: 2024-10-01

Insurance Expiry Date: 2025-12-05

Incident Type: Hospitalization

Incident Date: 2025-09-26

Location: Bhopal

Patient ID: PID-148591

Hospital Code: HOSP-9525

Injuries Reported: True

Estimated Damage Cost: .217588

Diagnosis: Fracture

Hospital: City Care