
Health Claim Form

Claim ID: CLM-2025-01-0045-HEA
Policy Number: POL-400045
Insurance Start Date: 2024-12-01
Insurance Expiry Date: 2025-11-05
Incident Type: Surgery
Incident Date: 2025-03-03
Location: Indore
Patient ID: PID-447937
Hospital Code: HOSP-8792
Injuries Reported: True
Estimated Damage Cost: -145480
Diagnosis: Fracture
Hospital: City Care