
Health Claim Form

Claim ID: CLM-2025-01-0056-HEA

Policy Number: POL-400056

Insurance Start Date: 2024-11-15

Insurance Expiry Date: 2026-03-21

Incident Type: Hospitalization

Incident Date: 2025-02-18

Location: Indore

Patient ID: PID-297360

Hospital Code: HOSP-9309

Injuries Reported: True

Estimated Damage Cost: -183056

Diagnosis: Fracture

Hospital: City Care