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Health Claim Form

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Claim ID: CLM-2025-01-0085-HEA

Policy Number: POL-400085

Insurance Start Date: 2024-10-16

Insurance Expiry Date: 2026-01-31

Incident Type: Surgery

Incident Date: 2025-04-09

Location: Nagpur

Patient ID: PID-129042

Hospital Code: HOSP-4820

Injuries Reported: True

Estimated Damage Cost: .99151

Diagnosis: Fracture

Hospital: City Care