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Health Claim Form

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Claim ID: CLM-2025-01-0060-HEA

Policy Number: POL-400060

Insurance Start Date: 2025-01-02

Insurance Expiry Date: 2025-07-26

Incident Type: Outpatient care

Incident Date: 2025-05-21

Location: Nashik

Patient ID: PID-836886

Hospital Code: HOSP-1021

Injuries Reported: True

Estimated Damage Cost: 109577

Diagnosis: Fracture

Hospital: City Care