
Health Claim Form

Claim ID: CLM-2025-01-0073-HEA

Policy Number: POL-400073

Insurance Start Date: 2024-02-20

Insurance Expiry Date: 2025-06-23

Incident Type: Outpatient care

Incident Date: 2025-01-02

Location: Bhopal

Patient ID: PID-576022

Hospital Code: HOSP-9219

Injuries Reported: True

Estimated Damage Cost: -184408

Diagnosis: Fracture

Hospital: City Care