

Health Claim Form

Claim ID: CLM-2025-01-0075-HEA
Policy Number: POL-400075
Insurance Start Date: 2024-06-23
Insurance Expiry Date: 2026-06-16
Incident Type: Hospitalization
Incident Date: 2025-06-08
Location: Nagpur
Patient ID: PID-458678
Hospital Code: HOSP-2576
Injuries Reported: True
Estimated Damage Cost: -91868
Diagnosis: Fracture
Hospital: City Care