
Health Claim Form

Claim ID: CLM-2025-01-0061-HEA

Policy Number: POL-400061

Insurance Start Date: 2024-12-10

Insurance Expiry Date: 2025-10-11

Incident Type: Outpatient care

Incident Date: 2025-04-09

Location: Nagpur

Patient ID: PID-674133

Hospital Code: HOSP-8741

Injuries Reported: True

Estimated Damage Cost: -181282

Diagnosis: Fracture

Hospital: City Care