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Health Claim Form

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Claim ID: CLM-2025-01-0070-HEA

Policy Number: POL-400070

Insurance Start Date: 2024-08-17

Insurance Expiry Date: 2026-06-20

Incident Type: Outpatient care

Incident Date: 2025-03-14

Location: Pune

Patient ID: PID-854615

Hospital Code: HOSP-5187

Injuries Reported: True

Estimated Damage Cost: .226235

Diagnosis: Fracture

Hospital: City Care