
Health Claim Form

Claim ID: CLM-2025-01-0028-HEA

Policy Number: POL-400028

Insurance Start Date: 2024-07-07

Insurance Expiry Date: 2025-07-11

Incident Type: Outpatient care

Incident Date: 2025-05-28

Location: Pune

Patient ID: PID-838259

Hospital Code: HOSP-9789

Injuries Reported: True

Estimated Damage Cost: -127480

Diagnosis: Fracture

Hospital: City Care