
Health Claim Form

Claim ID: CLM-2025-01-0074-HEA

Policy Number: POL-400074

Insurance Start Date: 2024-07-24

Insurance Expiry Date: 2026-05-03

Incident Type: Outpatient care

Incident Date: 2025-06-24

Location: Nagpur

Patient ID: PID-789327

Hospital Code: HOSP-9195

Injuries Reported: True

Estimated Damage Cost: -144077

Diagnosis: Fracture

Hospital: City Care