
Health Claim Form

Claim ID: CLM-2025-01-0026-HEA

Policy Number: POL-400026

Insurance Start Date: 2024-05-25

Insurance Expiry Date: 2026-05-12

Incident Type: Outpatient care

Incident Date: 2025-02-02

Location: Bhopal

Patient ID: PID-295662

Hospital Code: HOSP-1057

Injuries Reported: True

Estimated Damage Cost: -107751

Diagnosis: Fracture

Hospital: City Care