

Health Claim Form

Claim ID: CLM-2025-01-0046-HEA
Policy Number: POL-400046
Insurance Start Date: 2024-10-25
Insurance Expiry Date: 2026-09-28
Incident Type: Surgery
Incident Date: 2025-05-21
Location: Nashik
Patient ID: PID-660943
Hospital Code: HOSP-8284
Injuries Reported: True
Estimated Damage Cost: -147857
Diagnosis: Fracture
Hospital: City Care