
Health Claim Form

Claim ID: CLM-2025-01-0086-HEA

Policy Number: POL-400086

Insurance Start Date: 2024-04-30

Insurance Expiry Date: 2026-03-27

Incident Type: Hospitalization

Incident Date: 2025-02-21

Location: Bhopal

Patient ID: PID-325875

Hospital Code: HOSP-2980

Injuries Reported: True

Estimated Damage Cost: -175253

Diagnosis: Fracture

Hospital: City Care