
Health Claim Form

Claim ID: CLM-2025-01-0095-HEA
Policy Number: POL-400095
Insurance Start Date: 2024-09-18
Insurance Expiry Date: 2025-12-31
Incident Type: Outpatient care
Incident Date: 2025-07-02
Location: Nashik
Patient ID: PID-754080
Hospital Code: HOSP-6332
Injuries Reported: True
Estimated Damage Cost: -78131
Diagnosis: Fracture
Hospital: City Care