
Health Claim Form

Claim ID: CLM-2025-01-0035-HEA

Policy Number: POL-400035

Insurance Start Date: 2024-10-01

Insurance Expiry Date: 2025-04-30

Incident Type: Outpatient care

Incident Date: 2025-03-21

Location: Nagpur

Patient ID: PID-576135

Hospital Code: HOSP-6625

Injuries Reported: True

Estimated Damage Cost: -119016

Diagnosis: Fracture

Hospital: City Care