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Health Claim Form

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Claim ID: CLM-2025-01-0006-HEA

Policy Number: POL-400006

Insurance Start Date: 2024-09-29

Insurance Expiry Date: 2026-08-08

Incident Type: Outpatient care

Incident Date: 2025-02-13

Location: Indore

Patient ID: PID-358857

Hospital Code: HOSP-9620

Injuries Reported: True

Estimated Damage Cost: .92772

Diagnosis: Fracture

Hospital: City Care