
Health Claim Form

Claim ID: CLM-2025-01-0079-HEA

Policy Number: POL-400079

Insurance Start Date: 2025-06-07

Insurance Expiry Date: 2026-08-12

Incident Type: Hospitalization

Incident Date: 2025-09-18

Location: Nagpur

Patient ID: PID-598623

Hospital Code: HOSP-9344

Injuries Reported: True

Estimated Damage Cost: -141619

Diagnosis: Fracture

Hospital: City Care