
Health Claim Form

Claim ID: CLM-2025-01-0055-HEA

Policy Number: POL-400055

Insurance Start Date: 2024-07-28

Insurance Expiry Date: 2025-09-06

Incident Type: Surgery

Incident Date: 2025-03-13

Location: Nagpur

Patient ID: PID-699038

Hospital Code: HOSP-9719

Injuries Reported: True

Estimated Damage Cost: 48685

Diagnosis: Fracture

Hospital: City Care