
Health Claim Form

Claim ID: CLM-2025-01-0031-HEA

Policy Number: POL-400031

Insurance Start Date: 2024-07-06

Insurance Expiry Date: 2026-04-28

Incident Type: Surgery

Incident Date: 2025-03-22

Location: Nagpur

Patient ID: PID-886931

Hospital Code: HOSP-4619

Injuries Reported: True

Estimated Damage Cost: -130620

Diagnosis: Fracture

Hospital: City Care