
Health Claim Form

Claim ID: CLM-2025-01-0064-HEA

Policy Number: POL-400064

Insurance Start Date: 2025-05-21

Insurance Expiry Date: 2026-03-23

Incident Type: Outpatient care

Incident Date: 2025-09-06

Location: Pune

Patient ID: PID-469851

Hospital Code: HOSP-4445

Injuries Reported: True

Estimated Damage Cost: -108424

Diagnosis: Fracture

Hospital: City Care