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Health Claim Form

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Claim ID: CLM-2025-01-0069-HEA

Policy Number: POL-400069

Insurance Start Date: 2024-09-01

Insurance Expiry Date: 2026-05-20

Incident Type: Outpatient care

Incident Date: 2025-05-12

Location: Indore

Patient ID: PID-486545

Hospital Code: HOSP-5495

Injuries Reported: True

Estimated Damage Cost: .231031

Diagnosis: Fracture

Hospital: City Care