
Health Claim Form

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