
Health Claim Form

Claim ID: CLM-2025-01-0016-HEA
Policy Number: POL-400016
Insurance Start Date: 2024-04-08
Insurance Expiry Date: 2025-02-21
Incident Type: Surgery
Incident Date: 2025-02-14
Location: Nashik
Patient ID: PID-461090
Hospital Code: HOSP-3863
Injuries Reported: True
Estimated Damage Cost: -152983
Diagnosis: Fracture
Hospital: City Care