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Health Claim Form

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Claim ID: CLM-2025-01-0008-HEA

Policy Number: POL-400008

Insurance Start Date: 2024-03-25

Insurance Expiry Date: 2026-03-18

Incident Type: Outpatient care

Incident Date: 2025-02-16

Location: Nashik

Patient ID: PID-642688

Hospital Code: HOSP-5248

Injuries Reported: True

Estimated Damage Cost: 145439

Diagnosis: Fracture

Hospital: City Care