
Health Claim Form

Claim ID: CLM-2025-01-0001-HEA
Policy Number: POL-400001
Insurance Start Date: 2024-10-04
Insurance Expiry Date: 2026-03-30
Incident Type: Outpatient care
Incident Date: 2025-07-28
Location: Bhopal
Patient ID: PID-708406
Hospital Code: HOSP-9051
Injuries Reported: True
Estimated Damage Cost: -104628
Diagnosis: Fracture
Hospital: City Care