
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