



claimId is : 5001

patient Name : CatherineJones

PolicyId : 101

Hospital Name : ABCHospital

Hospital Address : 0x2389476e5110a3d3d3db720f545b464bd9dbde05

Initial Estimate : \$1500

Date : Invalid Date

The above estimate is based on minimum requirements as per medical officer. There might extra charges on final estimate.

ABCHospital