



claimId is : 5015

patient Name : sara

PolicyId : 114

Hospital Name : ABCHospital

Hospital Address : 0x43a6ad0efa2ea24bbe57a683511a1da06c285848

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