

Insurance Claim Document

Claim ID: C20250918-001

Policy Holder: Mr. Selvakumar

Policy Number: P98765

Hospital: Apollo Hospitals, Chennai

Admission Date: 2025-08-15

Discharge Date: 2025-08-20

Patient Name: Selvakumar

Diagnosis: Acute Dental Infection requiring Root Canal and Crown Fixation

Treatment Performed: Root Canal, Dental Surgery, Crown Placement

Attending Physician: Dr. R. Kannan, BDS, MDS

Claim Amount Requested: ₹50,000

Documents Attached: Hospital receipts, prescriptions, lab reports, discharge summary.

Date	Description	Amount (₹)
2025-08-15	Admission & Registration	5,000
2025-08-16	Root Canal Surgery	30,000
2025-08-17	Crown Placement	10,000
2025-08-20	Pharmacy & Miscellaneous	5,000
	Total	50,000