

## Reimbursement Claim Form – New Premium Ins Ltd

PatName : Hemanth

Address : No 35, Hemanth Street, Kollam, 254598

DateOfAdm: 02 Sep, 2023

Discharged On: 30 Sep, 2023

PolicyID: POL1230/2023

Doctor : Thomas M Koshi P

Hospital Name: City Hospital

Hosp Address: No 13, ABCD Building, ABCD North, India

Claimed Amount : 4085.00