

Health Claim Form Sample

Download our **health claim form sample** with easy-to-follow instructions to simplify your insurance filing process. This form template ensures accurate and efficient submission of your healthcare expenses. Follow the step-by-step guide to avoid errors and expedite your claim approval.

Instructions:

1. Complete all fields in **Section A** with your personal information.

2. Provide patient and treatment details in **Section B**.

3. Attach all supporting documents, such as medical receipts and doctors' notes.

4. Read and sign the declaration in **Section C**.

5. Submit the completed form and attachments to your insurance provider via email or postal mail.

Note:

Incomplete forms may cause delays in processing your claim.

Section A: Personal Information

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Policy Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>

Section B: Claim Information

Patient Name	<input type="text"/>
Date(s) of Treatment	<input type="text"/>
Nature of Illness/Injury	<input type="text"/>
Healthcare Provider	<input type="text"/>
Total Amount Claimed	<input type="text"/> USD
Payment Receipt Attached?	<input type="radio"/> Yes <input type="radio"/> No
Doctor's Note Attached?	<input type="radio"/> Yes <input type="radio"/> No

Section C: Declaration

☐ I declare that the information given above is true and complete to the best of my knowledge. I agree to provide any further information if requested.

Signature: _____ Date: _____

Submit Claim