

Hospitalization Claim Form for Accidental Injuries

This **hospitalization claim form** sample is specifically designed for accidents, streamlining the process of submitting medical expenses related to accidental injuries. It ensures accurate documentation and quick approval by capturing essential details of the incident and treatment. Using this form helps patients and healthcare providers efficiently manage insurance claims to cover hospitalization costs.

1. Patient Information

Full Name:	Date of Birth:
Gender:	Contact Number:
Address:	
Insurance Policy No.:	Policy Holder Name:

2. Accident Details

Date of Accident:	Time:
Location of Accident:	
Describe how accident occurred:	
Nature of Injury:	
Was the incident reported to police?	Police Report No.:

3. Hospitalization & Treatment Information

Hospital Name:	
Admission Date:	Discharge Date:
Consulting Doctor:	Doctor's Contact:
Diagnosis:	
Treatment Details:	

4. Claim Details

Total Hospitalization Cost:	
Amount Claimed:	
Supporting Documents Attached: (Select all that apply)	<input type="checkbox"/> Medical Bills/Receipts <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Police Report <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Others: _____

5. Declaration & Authorization

I hereby declare that the information provided is true and accurate to the best of my knowledge. I authorize the insurance

company to obtain further medical information if required.

Patient/Claimant Signature:		Date:	
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Note: Please attach all relevant original documents and submit the completed form as per your insurer's process for claim evaluation.